



FIJI PORTS CORPORATION LIMITED
GPO BOX 132, Lautoka. Phone 679-6660838. Fax 679-6665799

ISPS REQUIREMENTS FOR SHIP INTENDING TO ENTER FIJI PORTS.

NAME OF VESSEL: _____ VOY NO: _____ ROT NO: _____

TYPE OF VESSEL: _____ GROSS REGISTERED TONNAGE _____

VESSELS LENGTH OVERAL: _____ VESSELS ARRIVAL DRAUGHT: _____

I.S.S.CERTIFICATE No. _____ ISSUING AUTHORITY _____ EXPIRY DATE _____

VESSELS IMO NUMBER: _____ VESSELS CURRENT SECURITY LEVEL: _____

VESSEL OWNERS.....VESSEL OPERATOR/CHARTER.....

COMPANY SECURITY OFFICER: Name: _____ email address: _____

SHIP SECURITY OFFICER: Name: _____ designation: _____

LAST 10 PORTS	1.....SECURITY LEVEL...1..2..3	2.....SECURITY LEVEL...1..2..3
VESSEL SECURITY		
AT THE PORTS	3.....SECURITY LEVEL...1..2..3	4.....SECURITY LEVEL...1..2..3
	5.....SECURITY LEVEL...1..2..3	6.....SECURITY LEVEL...1..2..3
	7.....SECURITY LEVEL...1..2..3	8.....SECURITY LEVEL...1..2..3
	9.....SECURITY LEVEL...1..2..3	10.....SECURITY LEVEL...1..2..3

(Delete Non-applicable)

DESCRIPTION OF CARGO ONBOARD.....

ANY PERSON/GOODS RESCUED AT SEA...YES/NO...

IF YES NAME/ NATIOALITY OF PERSON (S).....

TYPE OF GOODS.....

TYPE OF SECURITY CHECKS CARRIED ON;
 (1) PERSONS

(2) GOODS.....

ANY SHIP/SHIP TRANSFER...YES/NO.....IF YES - ISPS STATUS OF OTHER SHIP.....COMPLIANT/NON-COMPLIANT.

IF COMPLIANT ISSC #.....ISSUING AUTHORITY.....EXPIRY DATE.....

IF NON-COMPLINAT- SECURITY MEASURES TAKEN: _____

COPY OF CREW LIST.....YES/NO

PASSENGER LIST..... YES/NO

I HEREBY DECLARE THAT THE INFORMATION SUBMITTED ABOVE IS IN MY OPINION TRUE, ACCURATE AND TO THE BEST OF MY KNOWLEDGE PROVIDED WITHOUT ANY PREJUDICE.

MASTER: _____ DATE: _____ SHIP STAMP: _____
 [To be faxed to; 679-6665799 or Email address Emosin@fpcl.com.fj 48 hours before the vessels ETA]