## **ANNEX III**

## SHIP PRE-ARRIVAL SECURITY INFORMATION FORM

## FOR ALL SHIPS PRIOR TO ENTRY INTO THE PORT OF AN EU MEMBER STATE

(SOLAS REGULATION XI-2/9 AND ARTICLE 6.3 OF REGULATION (EC) No. 725/2004)

Partic	culars of the s	hip and	contact (	details	,								
IMO number						Name of shi	Name of ship						
Port of registry					Flag State								
Type of ship						Call Sign							
Gross	Tonnage					Inmarsat available)	`						
Name of Company and company identification number				CSO name & 24 hour contact details									
Port o	f arrival					Port facil known)	Port facility of arrival (if known)						
Port a	ınd port facili	ty inforn	nation										
Expected date and time of arrival of the ship in port (ETA)													
Prima	ry purpose of	call											
Inform	nation require	ed by SC	OLAS reg	ulatio	n XI-2	2/9.2.1							
Does the ship have a valid International Ship Security Certificate (ISSC)?				IISS					ed by (name ministration or date (dd/mm/yyyy)				
Does the ship have an approved SSP on board?				N O	whic	Security Level at which the ship is currently operating?  Security  Level 1			Security Level 2	Security Level 3			
Location of ship at the time this report is made													
List the last ten calls at port facilities in chronological order (most recent call first):													
No.	Date from (dd/mm/yyy y)	Date (dd/mm	to /yyyy)	Port		Country			(if available)		Port facility		
1										SL =			
2											SL =		

3										SL =	
4										SL =	
5										SL =	
6										SL =	
7										SL =	
8										SL =	
9										SL =	
10										SL =	
Did th	e ship	take a	any special or a	dditional sec	curity me	easures,	, beyond those is	n the approved	YES	NO	
If the ship.	the answer is YES, indicate below the special or additional security measures taken by the ip.										
No.		Specia	al or additional	security me	easures t	aken b	y the ship		•	1	
(as abo	ove)										
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
ten cal	lls at po	ort faci					ent first), which ntinue on separat				
Were the ship security procedures specified in the approved SSP maintained during each of these ship-to-ship activities?									NO		
If NO,	provid	le detai	ils of the security	y measures a	pplied in	ı lieu in	the final column	below.			
No.	Date (dd/mr y)		Date to (dd/mm/yyyy)	to Location or Longitude and Latitude		o-ship activity	Security measures applied in lieu				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

General description of the cargo aboard the ship	e									
Is the ship carrying any dangerous substate cargo covered by any of Classes 1, 2.1, 2.3, 5.1, 6.1, 6.2, 7 or 8 of the IMDG Code?		YES	NO	If YES, confirm Dangerous Manifest (or relevant extract) is atta	Goods ached					
Confirm a copy of ship's crew list is attache	ed	YES	Confirmalist is a	YES						
Other security related information										
Is there any security-related matter you wish to report?		NO								
Agent of ship at intended port of arrival										
Name:	Contact d	Contact details (Tel. no.):								
Identification of person providing the information										
Title or Position (delete as appropriate):	Name:			Signature:						
Master / SSO / CSO / Ship's agent (as above)										
Date/Time/Place of completion of report										