|  |
| --- |
| To Be completed by vessels entering port of dampier and port of ashburton |
| In accordance with Port Authorities Regulations 2001, Part 4, Goods and Cargo, Section 60-61;the Master must ensure Pilbara Ports is provided with details of the cargo loaded and/or discharged from the vessel and details of fuel and water bunkered. Masters must ensure their agents are providing this information to Pilbara Ports in the prescribed format (electronic manifest and vessel summary form).This form must be completed by the SHIPS agent on behalf of the Master and returned to accounts.receivable@pilbaraports.com.au within 24 hours of the vessel departing the Port. All sections must be completed even if NIL. |
| **SECTION 1: VESSEL DETAILS** |
| **Vessel Name:** |       | **Agent:** |       |
| **Arrival Date:** |       | **Departure Date:** |       |
| **Last Destination:** |       | **Next Destination:** |       |
| **SECTION 2: BERTH DETAILS** |
| [ ]  | Dampier Cargo Wharf (DCW) | [ ]  | Floating Deck Transhipment System (FDTS)  | [ ]  | King Bay Supply Base (KBSB) / Bulk Material Facility (BMF) |
| [ ]  | Toll Supply Base (TSB) | [ ]  | Ashburton | [ ]  | Other (Please Specify) |
| **SECTION 3: WATERS AND BUNKERS TAKEN** |
| **Water (MT) Includes Drill Water:** |       | **Bunkers (MT):** |       |
| **SECTION 4: CARGO SUMMARY** **Please complete both METRIC tonnes (MT) and Cubic Meters (M3) figures** |
| **Cargo Type (General):** | **Cargo Details:** | **Discharged:** | **Loaded:** |
| **MT** | **M3** | **MT** | **M3** |
| Please Select Cargo Type |       |  |  |  |  |
| Please Select Cargo Type |       |  |  |  |  |
| Please Select Cargo Type |       |  |  |  |  |
| **Cargo Type (containers):** | **Cargo Details:** | **No. Units Discharged:** | **No. Units Loaded:** |
| Please Select Cargo Type |       |  |  |
| Please Select Cargo Type |       |  |  |
| **General cargo includes food stores, rubbish/skips/waste, ship spares and all containers except 20ft or 40ft.****Any container that carries cargo is classified as full.** |
| [ ]  | Crew Change | [ ]  | No Cargo |
| **SECTION 5: DECLARATION** |
| **Master/Agent Name:** |       | **Company:** |       |
| **Signed:** |       | **Date:** |       |

# Document OWNER

The Senior Finance Officer is responsible for this Form.