H.M. CUSTOMS CAYMAN ISLANDS

SHIP'S REPORT

TO BE COMPLETED BY MASTERS OF INCOMING / OUTGOING VESSELS

☐ **INBOUND** ☐ **OUTBOUND**

(1) NAME OF VESSEL _____ (2) TYPE _____

(3) PORT OF REGISTRY AND DATE _____ (4) REGISTRATION NO. _____

(5) RADIO CALL LETTTERS _____(6) GROSS/NET TONNAGE _____ (7) DEADWEIGHT _____ (8) NATIONALITY _____

(9) COLOUR _____ (10) LENGTH OVERALL _____ (11) WIDTH _____ (12) DEPTH _____ (13) DRAUGHT_____

(14) DATE AND TIME OF ARRIVAL _____ (15) LAST PORT OF CALL _____

(16) NEXT PORT OF CALL _____ (17) LOCAL AGENT OR CONTACT (IF ANY) _____

(18) PURPOSE OF VISIT (TICK AS APPROPRIATE) CREW CHANGE ☐ UNLOAD CARGO ☐ LOAD CARGO ☐ LEISURE ☐
REFUELING ☐ REPAIRS ☐ OTHER (Give details) _____

(19) APPROXIMATE DURATION OF STAY _____

(20) NAME AND ADDRESS OF OWNER _____

(21) NAME OF MASTER _____ DATE OF BIRTH _____/_____/_____

RESIDENTIAL ADDRESS _____ NATIONALITY _____ PASSPORT NO. _____

(22) CREW / PASSENGERS NAMES:

	NATIONALITY	DATE OF BIRTH	PASSPORT NO.	"C" (CREW) "P" (PAX)

ALL GOODS CARRIED AS CARGO MUST BE MANIFESTED SEPARATELY

(23) Quallity and Description of Liquor and Tobacco goods on Board: _____
(ALL goods carried as cargo should be manifested separately)

(24) Fruits, Vegetables, Plants, Seeds and Food on Board: _____

(25) Meats, Animal/Wildlife products on Board: _____

(26) Quallity and Description of Narcotics on Board: _____

(27) Description and Location of any Conceal Compartments on Board: _____

(28) Do you have any Weapons on Board? (These includes Spear Guns & Hawaiian Slings) YES ☐ NO ☐

TYPE (e.g. PISTOL)	MANUFACTURER	SERIAL #	CALIBRE & QTY. AMMUNITION

N.B. Firearms and Ammunition may not be retained on Board without a Permit whilst the vessel is n Cayman Waters.
Any unlicensed Weapaons must be delivered to Customs for Rentention in their Custody until the Vessel clears outwards.

WEAPONS WHICH ARE NOT RECLAIMED WITHIN 12 MONTHS OF DEPOSIT WITH CUSTOMS ARE FORFEITED TO THE CROWN

DECLARATION

I hereby declare that, to the best of my knowledge and belief, the information given above herein are true and correct

DECLARED THIS _____ DAY OF _____ 20 _____ (SIGNED) _____
MASTER

(FOR OFFICE USE ONLY)

RECEIPT FOR ARMS AND AMMUNITION SURRENDERED TO CUSTOMS

Received into Official Custody the Firearms and/or Ammunition listed above

(SIGNED) _____ **DATED THIS** _____ **DAY OF** _____ **20** _____
OFFICER FOR COLLECTOR OF CUSTOMS

PRATIQUE SATISFACTORY? **YES** ☐ NO ☐

CLEARANCE GRANTED

(SIGNED) _____ **DATE** _____ _____ HOURS
OFFICER FOR COLLECTOR OF CUSTOMS TIME

PORT OF PLACE _____ Number of Seals Affixed _____

REMARKS _____

CUSTOMS FORM NO. 7