



OUTWARD REPORT FOR YACHTS/SMALL CRAFT

FIJI ISLANDS CUSTOMS SERVICE

OFFICIAL USE ONLY

Rotation Number

C2-C

REGISTRATION DETAILS			
Craft name:			
Country of registration:	Port of registration:	Registration number:	
Date of registration:	Sail Number:	Home Port:	
Name of person in charge:		Total number of persons onboard:	
DEPARTURE DETAILS			
Port of departure:	Date of departure:	Time of departure:	
Next overseas port:	Intended date of return to Fiji:	Intended port of return:	
Intended itinerary:	1.	2.	
	3.	4.	
CORMMERCIAL CARGO (Please record on a separate sheet & attach if additional space is required)			
List all goods carried in or on the craft, whether in the course of international trade or for sale or supply in those goods, but exclude the personal effects of crew and passengers and stores for craft.			
FIREARMS (Specify makes, models & serial numbers)			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
CONTROLLED DRUGS/MEDICINES ON BOARD (Name & Quantity)			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
STORES ON BOARD			
Beer:		Quantity:	
Wine:		Quantity:	
Spirits:		Quantity:	
Cigarettes/Tobacco:		Quantity:	
CRAFT STATUS (Tick box that applies)			
Visiting Overseas Craft <input type="checkbox"/>	Returning Fiji registered craft: <input type="checkbox"/> Built in Fiji: yes <input type="checkbox"/> no <input type="checkbox"/> Duty Paid: yes <input type="checkbox"/> no <input type="checkbox"/>	Returning permanently imported craft: <input type="checkbox"/> Original import SAD number:	Permanently importing craft to Fiji: <input type="checkbox"/>

CRAFT DETAILS

Craft Type: Yacht <input type="checkbox"/> Motor Launch <input type="checkbox"/> Other (Specify)		Design:	
Yacht Rig: Cutter <input type="checkbox"/> Sloop <input type="checkbox"/> Ketch <input type="checkbox"/> Yawl <input type="checkbox"/> Schooner <input type="checkbox"/> Other (Specify)		Mast Construction: Alloy <input type="checkbox"/> Timber <input type="checkbox"/> Composite <input type="checkbox"/> Other (Specify)	
Hull Construction: Steel <input type="checkbox"/> Alloy <input type="checkbox"/> Ferro <input type="checkbox"/> Cement <input type="checkbox"/> Fiberglass <input type="checkbox"/> Composite <input type="checkbox"/> Other (Specify)			
Length: Metres <input type="checkbox"/> Feet <input type="checkbox"/>	Beam: Metres <input type="checkbox"/> Feet <input type="checkbox"/>	Draught: Metres <input type="checkbox"/> Feet <input type="checkbox"/>	Gross Tonnage:

COLOURS

Mast	Deckhouse/Superstructure (Tops)
Hull (Above waterline)	Deckhouse/Superstructure (Side)
Hull (Below waterline)	Decks
Dodgers/Sail covers	Sails

ENGINE

Make:	Model:
Power (HP/Kw)	Passage speed under motor:
Fuel capacity:	Fuel consumption rate:

ELECTRONICS

SSB Radio	Make	Model	Call sign
VHF Radio	Make	Model	Call sign
HAM Radio	Make	Model	Call sign
Cellphone	Make	Model	Number

RADIO SCHEDULES MAINTAINED

Frequencies	Times	Shore station

LIST OF PORTS/PLACES/ISLANDS INTEND TO VISIT WHILE IN FIJI

NEXT OVERSEAS PORTS

CREW DETAILS (Person in charge first)

Names in block letters	Attach any additional details of crewmembers on a separate sheet.
Surname	Surname
First name (s)	First name (s)
Nationality	Nationality
Date of birth	Date of birth
Passport number	Passport number
Overseas contact address	Overseas contact address
Next of kin, relationship	Next of kin, relationship
Address/telephone of next of kin	Address/telephone of next of kin

Surname	Surname
First name (s)	First name (s)
Nationality	Nationality
Date of birth	Date of birth
Passport number	Passport number
Overseas contact address	Overseas contact address
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Address/telephone of next of kin	Address/telephone of next of kin

OTHER EQUIPMENT

Life raft	Make	Model	Capacity
Dinghy/Tender	Make	Model	Length
	Type	Capacity	Colour
Outboard motor	Make	Model	Power (HP/Kw)

Flares:
Parachute Hand held Smoke other (Specify)

ANY OTHER IDENTIFYING FEATURES

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OWNERSHIP DETAILS

Name of owner

Owners address

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Owners contact numbers	Telephone	Cellphone	Facsimile	E - mail
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Declaration

Ibeing the person in charge declare that all particulars stated in this Outward Report are true and correct.

Signature of person in charge: Date:

You are hereby advised that the information on this form is collected for the purpose of customs clearance, monitoring the movement of and persons and border security. You must provide all information requested on the form. Failure to do so is an offence. The Fiji Islands Revenue & Customs Authority pursuant to the Customs and Excise Act & Regulation of 1986 will hold the information you provide.

Declared before me this 20.....

Signature/Stamp of Officer
of Customs: