

Company Letter Head

INFORMATION REQUIRED FOR GAS-FREE INSPECTION

This form may take you 5 minutes to fill in. You will need ship's particulars to fill in the form

To: Ship Safety Department
Shipping Division
Maritime and Port Authority of Singapore
Tel No : 63752422
Fax No : 63752429

Attn: Mr Cheng Kenf Woon

Name of Vessel	
Type of Vessel / Last Cargo	
Call Sign / Flag	
Gross Tonnage (GT)	
Date of Arrival (ETA)	
Date & Time of Inspection	
Location of Vessel	
Purpose of Inspection	
Location to meet Agent	
Name of Launch & Time of Boarding	
Name of Contact Person	
Telephone No. (Office / Handphone)	
Fax No.	
MPA Account No.	
Remarks (If Any)	

Name & Signature of Requesting Officer