

Name of Vessel: _____

APPLICATION FOR USE OF CHANNELS (INCL. SHARED CHANNELS) &/or FACILITIES

Name of Shipping Agent: _____
 ABN: _____

Name of Owner/ Charterer: _____

CHANNEL & BERTH RELATED INFORMATION

SHIP SECURITY INFORMATION:		Ship Security Level: _____	International Ship Security Certificate Number: _____
Berth (nominated): _____		Estimated Draft on Arrival: _____	
From mooring: Date: __/__/____ Time: _____		ETA at Port Phillip Heads: Date: __/__/____ Time: _____	
To unmooring: Date: __/__/____ Time: _____		Voyage Numbers: In: _____ Out: _____	
IMO Number: _____		Port of Registry: _____	
Gross Tonnage: _____		Last Port (or Berth): _____	
Name of Master: _____		Next Port (or Berth): _____	

ACTIVITIES AT BERTH (Please Select):

Cargo Loading: Yes
 Cargo Discharging: Yes
 Vessel Repairs/Lay-up/ Bunkering: Yes

SERVICES (Please Select):

Quarantine On Arrival/ Daily: Yes
 Fresh Water Supply: Yes

NAME(S) OF ORGANISATION(S):

Name(s) of organisation(s) other than the Shipping Agent	To lodge manifests	To receive invoices for wharfrage charges	To receive invoices for ship security charges	To receive invoices for Channel fees, anchorage fee, lay-up, berth hire, tanker inspection and water charges
a) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHANNEL DISCOUNT CLAIM (Please Select):

Pure Car Carrier: Yes
 Passenger Cruise Vessel: Yes

EXEMPT VESSELS CLAIM (Please Select):

Naval/Cadet/Training Vessel: Yes
 Other special circumstances: Yes

FACILITY & CARGO RELATED INFORMATION

Common User Area: _____ Name of Licensed Stevedore: _____
 Name of Hirer (if not the Shipping Agent) : _____

CARGO TO BE DISCHARGED:

Type of Cargo: _____
 Weight: _____
 Volume (M³): _____
 Gas Free: Yes No
 Hazardous: Yes No

CARGO TO BE LOADED:

Type of Cargo: _____
 Weight: _____
 Volume (M³): _____
 Gas Free: Yes No
 Hazardous: Yes No

NAME(S) OF ORGANISATION(S):

Supervising the area: (Site Supervisor with Contact Details)	To receive invoices for cargo security charges:	To receive invoices for area hire and wharf access charges:
a) _____	_____	_____
b) _____	_____	_____

1. The Shipping Agent submits this Application acting in its capacity as agent for the Owner and warrants that it is authorised by the Owner to enter into this agreement on its behalf (whether or not a copy of the Shipping Agent's appointment is attached).
2. The Shipping Agent and Owner acknowledge that a contract is constituted by this Application, the [Standard Terms and Conditions for Owners berthing at Common User Facilities](#) and, if applicable, the [Standard Terms and Conditions for Owners berthing at Dedicated Facilities](#) (together, **the Contract**). The Shipping Agent on its own behalf and on behalf of Owner acknowledges that it has read the Contract and agrees to be bound by it.
3. The Shipping Agent and the Owner acknowledge that any obligations imposed upon them by the Contract are binding upon them.
4. If the Shipping Agent submits this application in its own capacity as the Hirer of the Common User Terminals, the Shipping Agent acknowledges that a contract is constituted by the Application and the [Standard Terms and Conditions for Hirers Access to Common User Terminals](#) (together, **the Contract**). The Shipping Agent further acknowledges that it has read the Contract and agrees to be bound by it.

A copy of the Shipping Agent's appointment by the Owner is required and has been attached to this Application.

Signature of Shipping Agent: _____

Name of Shipping Agent: _____

Date: _____

Company Stamp