



Koninklijke Marechaussee

SCHIP INKLAAR FORMULIER

(Ship Declaraton form)

Koninklijke Marechaussee

district DLBE

Brigade Caribisch Gebied

SABA

Name of Ship:----- Home Port: -----

Type of ship:-----Radio Call Sign-----

Total Crew:-----Name of Owner:-----

Total Passengers:----- Name of Agent:-----

Transit Passengers:-----Adresses of Agent:-----

Refused Passengers:-----Particulars:Hull Colour:-----

Cruise Transit:----- Length:----- Masts: -----

Arrival Date:-----Engine (s):-----

Arrival Time:-----Means of Communication:-----

Berthed at:----- Last Port of Call:-----

Departure Time:----- Departure Date:-----

Next Port of Call:----- Date Arrival Next Port:-----

Nationality / Flag:----- Registration Nr.-----

Name of Captain:-----

Remarks:_____

Immigration officer's name:	
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