

BUNKER NOTIFICATION FORM Port of Duqm

BUNKER NOTIFICATION FORM

Vessel Agent of Vessel receiving Bunker to submit this form to Port Control, 48 / 24 hours prior to Bunkering.

Please fill the criteria below:

| | |
|--|---|
| Name of Vessel | |
| IMO number | |
| Agent | |
| Berth/Anchor location of Bunkering operation | |
| Name of Bunker supplier | <input type="checkbox"/> Oman Oil <input type="checkbox"/> Shell Oman |
| Mode of Bunkering | <input type="checkbox"/> Truck <input type="checkbox"/> Bunker Barge |
| Name of Bunker Barge | |
| Intended date/ time delivering Bunkers | |
| Type and quantity of Bunkers | |

DECLARATION

I certify to the best of my knowledge and belief there are no damage, leakage or deteriorated containers, tanks or packages containing dangerous cargoes that may adversely affect the safety of Workers, Port area, Vessel or the environment.

| | |
|------------------|--|
| Master Name | |
| Signature/ Stamp | |
| Date | |

| | | |
|----------------|------------|--|
| Port Authority | Checked by | |
| | Date/Time | |