



Vessel Waste Collection Form

Port of Duqm

Vessel Waste Collection Form

(Sub-section 31.3,1.) (To be emailed, faxed, mailed or hand-delivered to the Port at least 48 hrs before arrival)

Country				Port			
Name of the Agent				Tel / Mob 24 hrs			
Vessel Details							
Ship's Name						ETA (Date & Time)	
Terminal or Anchorage						Berth	
IMO No	Flag	Port of Registry	Call Sign	Class		Year of Built	Thrusters (Yes /No)
LOA (m)	Breadth	Draft Fwd	Draft Aft	DWT	SDW	GT	NT
Owner / Charterer				Owner's Telephone			
Owner's Nationality				Owner's E-mail			
Last Port / Country		Departure Date		Next Port / Country		Date Due	
Data Required for the Collection of Waste							
Last Ship's Waste Delivered in			Port of		Date		
Quantity of Waste for Delivery:			All		Some		None
Ballast Loaded(t)				Loaded At			
Type and amount of waste and residues to be Delivered and / or remaining on onboard							

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If delivering all waste, complete second column as appropriate. If delivering some or no waste, complete all columns.

Type	Waste to be delivered (m ³)	Maximum dedicated storage capacity (m ³)	Amount of waste retained onboard (m ³)	Port at which remaining waste will be delivered	Estimated amount of waste to be generated between notification and next port of call (m ³)
Waste Oil					
Sludge					
Blige Water					
Others (specify)					
Garbage					
Food Waste					
Plastic					
Other					
Cargo Waste					
Cargo Residues					
<p>I hereby confirm that, to the best of my knowledge, the above details are accurate and correct and there is sufficient dedicated onboard capacity to store all waste generated between notification and the next port at which waste will be delivered.</p>					
Date		Name		Signature	