**Vessel Inspection Request**

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| Name of Vessel to be inspected: |  |  |

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| S/N | Name of Visitor | NRIC / Passport / Work Permit No. | Visitor’s Company/organisation | Visitor’s Occupation | Date of Visit | Session AM: 8am - 1pmPM: 1pm - 6pm | Purpose of Visit | Remarks |
| 1 |  |  |  |  |  | AM or PM | e.g. Pre-purchase inspection |  |
| 2 |  |  |  |  |  | AM or PM |  |   |

Note: Please attach a photocopy of the visitor’s NRIC, Passport or Work Permit together with this request