

Notification in English

INFORMATION SUBMITTED BEFORE

ARRIVAL OF THE SHIP TO THE PORT: Randers Havn

- | | |
|--|--------------------------|
| 1. Name of ship: | M/V..... |
| Call sign: | |
| IMO identification number: | |
| 1. State of flag: | |
| 2. Estimated time of arrival (ETA) | |
| 3. Estimated time of departure (ETD) | |
| 4. Previous port of call: | |
| 5. Next port of call: | |
| 6. Last delivery of ship-generated waste
(port and date): | |
| 7. Amount of waste to be delivered | |
| All | None |
| Some | |
| <input type="checkbox"/> | <input type="checkbox"/> |

to the port reception facilities?

(tick appropriate box)

Continued on the next page

8. Type and amount of waste to be delivered and / or remaining on board.

- If delivering all waste, complete the second column as appropriate in the table below;
- If delivering some or no waste, complete all columns in the table.

Type of waste	Waste to be delivered m ³	Maximum tank capacity dedicated for storage of waste m ³	Amount of waste retained on board 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
1. Oil					
Sludge					
Bilge water					
Engine oil / lubricants					
Other (specify) Sewage					
2.					
Food waste					
Plastic					
Oily rags					
Other (specify)					
3. Cargo associated Specify, can be estimated					
4. Cargo residues Specify, can be estimated					
5. Wastewater / grey water					

Note:

1. This information can be used for control of the state port, or for the purposes of other inspections;
2. Member states will establish, to which authorities copies of this notice shall be submitted;
3. This form shall be completed by all ships, except for those, which are exempt according to the Article 9 of the Directive 2000/59/EC.

I confirm that the above information is accurate and correct, and that there is sufficient dedicated onboard capacity to store all the waste generated between notification and the next port at which the waste will be delivered.

Shipmaster :
Date:
Hour:
Signature:

Agent:
Date:
Hour:
Signature:
Telephone, fax:
Mobile phone: