



# Bahamas Customs Clearance

Clearance : INBOUND  OUTBOUND

SIGHTING ONLY  ROTATION REF :

VESSEL NAME : .....

REGISTRATION #.....

OWNER : .....

ADDRESS: .....

DATE & TIME OF ARRIVAL :...../...../..... AT.....HRS

INTENDED DEPARTURE DATE:...../...../.....

PORT OF ARRIVAL: .....

PURPOSE OF VISIT:.....

PREVIOUS PORT.....

PREVIOUS COUNTRY:.....

NEXT PORT:.....

NEXT COUNTRY:.....

CONTACT TELEPHONE : .....

GPS : .....

TYPE OF VESSEL:.....

COUNTRY OF REGISTRATION : .....

HOME PORT : .....

HULL MATERIAL/COLOUR:.....

YEAR BUILT :..... GROSS TONNAGE:..... HOW MANY MASTS?:.....

VESSEL'S TOTAL LENGTH .....ft/m WIDTH:.....ft/m

OUTBOARD MOTOR S: HOW MANY?..... → BRAND..... HP:.....

INBOARD ENGINE:HOW MANY? ..... → BRAND..... HP:.....

### CREW AND PASSENGER LIST

Family name	First Name	Master [M] Crew [C] Passenger [P]	NATIONALITY	Date of Birth DD/MM/YY	Passport #

DO YOU HAVE WEAPONS ON BOARD? YES  NO  IF YES PROVIDE DETAILS AS FOLLOWS :

Type : (eg Pistol)	Manufacturer	Serial No	Caliber and Qty of Ammunition

I hereby declare that all information and Particulars provided on this form are true and correct

Signed .....Master Date: ...../...../.....

OFFICIAL USE ONLY: COMMENTS.....

.....

DATE TO RCS 2000:..... OFFICER PROCESSING.....



# BAHAMAS CUSTOMS DEPARTMENT

Bimini, The Bahamas

## MARITIME DECLARATION OF HEALTH

**Medical Officer**

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports. Submitted at the port of

..... Date .....

Name of ship or inland navigation vessel ..... Registration/IMO No ..... arriving from  
..... sailing to ..... Nationality (Flag of vessel) .....  
Master's name ..... Gross tonnage (ship) ..... Tonnage (inland navigation vessel) .....  
Valid Sanitation Control Exemption/Control Certificate carried on board? Yes  No  Issued at .....

date ..... Re-inspection required? Yes  No

Has ship/vessel visited an affected area identified by the World Health Organization? Yes  No  Port and date of visit

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

- (1) Name ..... joined from: (1) ..... (2) ..... (3) .....
- (2) Name ..... joined from: (1) ..... (2) ..... (3) .....
- (3) Name ..... joined from: (1) ..... (2) ..... (3) .....

Number of crew members on board ..... Number of passengers on board .....

### Health questions

- (1) Has any person died on board during the voyage otherwise than as a result of accident? Yes  No   
If yes, state particulars in attached schedule. Total no. of deaths .....
- (2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? Yes  No  If yes, state particulars in attached schedule.
- (3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes  No . How many ill persons? .....
- (4) Is there any ill person on board now? Yes  No  If yes, state particulars in attached schedule.
- (5) Was a medical practitioner consulted? Yes  No . If yes, state particulars of medical treatment or advice provided in attached schedule.
- (6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes  No   
If yes, state particulars in attached schedule.
- (7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board?  
Yes  No  If yes, specify type, place and date.....
- (8) Have any stowaways been found on board? Yes  No  If yes, where did they join the ship (if known)? .....
- (9) Is there a sick animal or pet on board? Yes  No

**Note:** In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

- (a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.
- (b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed .....

Master

Countersigned .....

Ship's Surgeon (if carried)

Date

.....

**ATTACHMENT TO MARITIME DECLARATION OF HEALTH**

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case <sup>1</sup>	Drugs, medicines or other treatment given to patient	Comments

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State: (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.



# BAHAMAS CUSTOMS DEPARTMENT

## Inward Report -- Pleasure Vessels

- Note 1 -- This modified form of report under the Customs Regulations is applicable only to pleasure vessels engaged in a voyage for recreation, sporting or pleasure purposes only, Master of vessels carrying cargo must complete an Inward Report Form C2.
- Note 2 -- If the proper officer is satisfied that the Inward Report of a foreign pleasure on this form is in order, he may issue a Temporary Cruising Permit (Form C39) for use while the vessel is in The Bahamas.
- Note 3 -- If the foreign pleasure vessel does not clear outwards, the Temporary Cruising Permit (Form No. C39) must be sent by the most expeditious means to the Comptroller of Customs, P.O. box 155, Nassau, Bahamas from the first foreign port of call after leaving The Bahamas
- Note 4 -- Part C of this form to be completed only in respect of pleasure vessels which have been entered for home use in The Bahamas. Evidence of duty payment or other customs clearance must be produced.

A. Port \_\_\_\_\_ Date/Time Field \_\_\_\_\_

(1) Name Of Vessel \_\_\_\_\_ Nationality \_\_\_\_\_

(2) Document No/Registration No. \_\_\_\_\_ Master'[s Name \_\_\_\_\_

(3) Port of Departure \_\_\_\_\_

**B. Crew and Passenger Report**

	Name	Address	Nationality
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

2 Stores on Board \_\_\_\_\_

\_\_\_\_\_

3 List of Arms and Amunition \_\_\_\_\_

\_\_\_\_\_

**C. Domestic Based Pleasure Vessels Only**

(1) Port of Departure \_\_\_\_\_ Date \_\_\_\_\_

(2) Reference to Customs entry on which duty was paid or Exemption granted No. \_\_\_\_\_ Date \_\_\_\_\_

(3) Purpose of Trip Abroad \_\_\_\_\_

(4) Repairs, renovations, accessories and/or goods purchased while abroad \_\_\_\_\_

\_\_\_\_\_

(5) Any Other Charges incurred by or alterations made to vessel while abroad \_\_\_\_\_

\_\_\_\_\_

I declare that the particulars in this report of my vessel and her lading are true and complete, that there are no goods on board other than the bona fide baggage of the crew and passengers and the stores, arms and ammunition declared above and that no goods have been delivered from the vessel since her departure from \_\_\_\_\_ (last foreign place of departure).

\*I Further declare that I am not ordinarily resident in The Bahamas and that the vessel while in The Bahamas will not be used for commercial purposes or for hire and that the vessel will depart from The Bahamas within twelve months of arrival.

In the presence of \_\_\_\_\_ Signed and declared this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Customs Officer)

\_\_\_\_\_  
Master Agent