

**BAHAMAS IMMIGRATION
INWARD PASSENGER AND CREW MANIFEST
PLEASURE VESSEL**

This form is to be completed in accordance with section (34) 1 & (2) of the Immigration Act Chapter 179 Statute Law.

- A. PORT OF ARRIVAL IN THE BAHAMAS:** _____
- PORT OF DEPARTURE:** _____
- DATE OF DEPARTURE:** _____
- DATE OF ARRIVAL:** _____ **NAME OF VESSEL:** _____
- WHERE REGISTERED STATE/COUNTRY:** _____
- DOCUMENTATION/REGISTRATION NUMBER:** _____
- OWNER/OPERATOR:** _____
- PRIVATELY OWNED/CHARTERED/CORPORATE:** _____
- MAKE & YEAR OF VESSEL:** _____

B. CREW/PASSENGER ARRIVAL REPORT:

NAME	DOB	ADDRESS	NATIONALITY

SIGNATURE OF MASTER:

C. FOR OFFICIAL USE ONLY:

BAHAMAS IMMIGRATION
INWARD PASSENGER AND CREW MANIFEST
PLEASURE SHIP

This form is to be completed in accordance with section 30 (1) & (2) of the Immigration Act, 1967.

A. **PORT OF ARRIVAL IN THE BAHAMAS**

DATE OF ARRIVAL..... **NAME OF SHIP**

 **WHERE REGISTERED**

OWNER/OPERATOR **MASTER'S NAME**

 **DOCUMENT NO REGISTRATION**

 **PORT OF DEPARTURE**

B. **CREW & PASSENGER REPORT**

NAME	ADDRESS	NATIONALITY
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SIGNATURE OF MASTER

C. **FOR OFFICIAL USE ONLY**

NAME OF BOARDING OFFICER

MARINA

BAHAMAS CUSTOMS

Nassau, The Bahamas

Medical Officer

MARITIME DECLARATION OF HEALTH Appendix 5

(To be tendered by Master of Ships arriving from Ports outside the territory)

Port of _____ Date _____
Name of Ship _____ From _____
Nationality _____ Master's Name _____
Net Registered Ton _____ Certificate _____ Date _____
Derating Exemption _____ Issued at _____
No. of Passengers _____ Cabin _____ No. of crew _____
Deck _____

List of Ports of Call from commencement of voyage with dates of departure.

HEALTH QUESTIONS (Answer Yes or No)

Has there been on board during the voyage* any case or suspected case of plague, cholera, yellow fever or small pox? _____

Has plague occurred or been suspected among rats or mice on board during the voyage* or has there been an unusual mortality among them? _____

Has any person died on board during the voyage* otherwise than as a result of accident? Give particulars in Schedule.

Is there on board during the voyage* any case of illness which you suspect to be of an infectious nature? Give particulars in Schedule

Is there any sick person on board now? Give particulars in Schedule.

NOTE: In the absence of a surgeon, the Master should regard the following symptoms as grounds for suspecting the existence of infectious diseases; fever, accompanied by prostration or persisting for several days, or attended with glandular swelling or any acute skin rash or eruption without fever, severe diarrhoea with symptoms or collapse; jaundice accompanied by fever.

Are you aware of any other conditions on board which may lead to infectious disease?

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.

I/WE _____ SIGNED _____
MASTER

COUNTERSIGNED _____

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. Masters of vessels carrying cargo must complete an Inward Report in Form No. C2.

Note 2 - If the proper officer is satisfied that the Inward Report of a foreign pleasure vessel on this form is in order, he may issue a Temporary Cruising Permit (Form No. 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, The Bahamas from the first foreign port of call after leaving The Bahamas.

Note 4 - Part C of this form is 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 of _____ Date _____

(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 Ammunition _____

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) Purposes 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)

_____ (last foreign place of departure)



Bahamas Customs Clearance

CLEARANCE: INBOUND OUTBOUND SIGHTING ONLY: ROTATION REF:

VESSEL NAME: REGISTRATION #

OWNER: ADDRESS:

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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: HOW MANY?.....→ BRAND:→ HP:

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

CREW & PASSENGER LIST

Family Name	First Name	Master [M] Crew [C] Passenger [P]	Nationality	Date of Birth DD/MM/YY	Passport #
1.					
2.					
3.					
4.					
5.					
6.					
7.					

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

Type (e.g. Pistol)	Manufacturer	Serial No.	Calibre & Qty. Ammunition

I hereby declare that all information and particulars supplied on this form are true and correct.

SIGNED: (MASTER) DATE:/...../.....

OFFICIAL USE ONLY

COMMENTS:

DATE TO RCS 2000: OFFICER PROCESSING: