

PASSAGE PLAN FORM

info@yachtwelfare.it

	VESSEL DAT	A					
	the Ship:		IMO No.:		Flag:		
Charter No.: Client:			From (date)	To (date)			
	PASSAGE PL	AN					
Departur	e place:		Voyage Time @	Voyage Time @ 10 kn			
Arrival place:			Voyage Time @	Voyage Time @ 12 kn			
Total Distance:			Voyage Time @	Voyage Time @ 14 kn			
Date:			Other (specify specify specific specify specify specify specify specify specify specify specific specify specific s	Other (specify speed and time)			
WP No.	Waypoint Name (anchorage/port)	Latitude	Longitude	Course	Distance [nm]	Distance to go [nm]	
RELEVANT CHARTS							
Departure							
Intermediate							
Arrival							
PASSAGE ACROSS TERRITORIAL WATERS							
Passage across the territorial waters (12 nm offshore) occurred: YES (Please select from the below list) NO							
Proofs of passage annexed:							
☐ LOG BOOK ☐ AIS DATA RECORD ☐ ARRIVAL/DEPARTURE FORMALITIES							
□ DOCKAGE INVOICES□ SHORE BUNKERING INVOICES□ GPS SCREENSHOT (COR beside compulsory)							
Other (please specify)							
reserves t	f the above flagged option he faculty of evaluating in of the Italian Revenue O	f the proofs provided	opy is to be provided. Th are trustworthy or not. A	e Italian Revenu dditional or new	e Office (Agenzia de proofs might be req	elle Entrate) always Juested at the total	
Notes							
Name of the Signatory (full name in capital letters)				_	Official Stamp and	l Signature	
				_			
Position: Captain Owner Manager							
Other (please specify position)				Date			