Request for Consent to Immobilize a Vessel

General Details							
Name of Vessel			Type of V	/essel			
IMO No			Flag	3			
LOA			DW	Г			
GT			NT				
Vessel Condition (Loaded/Ballast)			Cargo t and Qua				
Registered Agent Name			Contact	t No.			
Reason for Immobilization							
Job to be performed by (Ships Crew / Company Name)							
Duration of Immobilization	From				То		
	Date			Date			
	Hours			Hours			

Master Declaration

Master Name

Ι,

, request consent to immobilize my vessel as detailed above. Furthermore, I agree to comply with

the following conditions whilst my vessel is immobilized.

- 1. Stand by tug will remain inside the harbour if the sustained wind speed is less than or equal to 15knots, and charges apply as per Port Tariff.
- 2. If the sustained wind speed is greater than 15knots, the port tug will be alongside the vessel till the completion of immobilization, and charges apply as per Port Tariff.
- 3. Bunkering operations during the immobilization, all safety precautions, and procedures shall be followed.
- 4. The vessel's firefighting capability will not be affected in any way. All Fire pumps, Emergency Fire pumps & FFA are in good working condition.
- 5. The Weather forecast will be monitored.
- 6. A listening watch will be maintained at all times on the VHF channel.
- 7. A responsible Deck Officer will be on watch at all times during the immobilization.
- 8. All precautions and Safety as per the Risk assessment form and Permit to Work are to be complied with.
- 9. Permission to be taken from Control Tower before commencement and after completion of immobilization.

Consent for immobilization does not relieve the Master, Owners, Charterers (or their respective agents) from complying with any instructions issued by the Harbour Master & NTM 148.

Simultaneous Operation

	Yes	No		
Is Diving Operation also requested concurrently with Immobilization?				
If yes, send the Diving operation approval granted by the HSE department.				
Is any Hot work will be performed onboard during immobilization?				
If yes, send Hot work approval granted by the HSE department				

	Signature		
Name of Master:	with	Dat	:
	Stamp:		