入 出 港 届

GENERAL DECLARATION

| | | | 到着 Arrival | | 出発 Departure |
|--|-------------------------------------|-------------------------------------|------------------------------------|---------|--|
| 1.船舶の名称、種類及び信号符字 Name, Type and Call Sign of ship | | | 川着港/出発港 rt of arrival/departure | | J着日時/出発日時 te-time of arrival /departure |
| 4.船舶の国籍 | 5.船長の氏名 | 6.前寄港地/次寄港地 | | | |
| Nationality of ship | Name of Master | Po | rt arrived from/Port of destin | nation | |
| └──────────────────────────────────── | | 8.船 | | 住所 | |
| Certificate of registry(Port; Date ; Number) | | Name and address of ship's agent | | | |
| 9. 総トン数 | 10. 純トン数 | | | | |
| Gross tonnage | Net tonnage | | | | |
| | | 船 | 舶の運航者の氏名又は名称及び住 | 所 | |
| | | Name and address of ship's Operator | | | |
| Position of the ship in the port(berth or station) | | | | | |
| │ │12.航海に関する簡潔な細目(寄港地及 | | <u>l</u> が荷揚 | |) | |
| Brief particulars of voyage(pre | vious and subsequent ports of call; | under | line where remaining cargo wi | II be d | ischarged) |
| 13. 貨物に関する簡潔な記述 | | | | | |
| Brief description of the cargo | | | | | |
| 14.乗組員の数(船長を含む。) | 15.旅客の数 | 16 . ' | 備考 | | |
| Number of crew(incl. master) | Number of passengers | Re | emarks | | |
| 添付書類の枚数 | | | | | |
| Attached document (Indicate number of copies) | | | | | |
| 17. 積荷目録 | 18. 船用品目録 | | | | |
| Cargo Declaration | Ship's Stores Declaration | | | | |
| 19. 乗組員名簿 | 20. 旅客名簿 | 21 . | 日付及び船長又は委任を受けた代 | 理人若 | しくは船舶の職員による署名 |
| Crew List | Passenger List | Da | ate and signature by master, a | authori | zed agent or officer |
| 22. 乗組員携帯品申告書 | 23. 検疫明告書 | | | | |
| Crew's Effects Declaration | Maritime Declaration of Health | | | | |
| L 当局記入欄 For official use | l | <u> </u> | | | |

| 24. 内航船舶 | |
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(注) 1 の付されている項目については、記入不要。

- 2 傷病者を緊急の治療のために上陸させる目的で寄港し、直ちに出発する意図を有する船舶については、8.欄のうち「船舶の運航者の氏名又は名称及び住所」の記入不要。
- 3 24. 欄には、内航船舶に該当する場合のみチェックを付すこと。
- Note 1 It is not necessary to fill in the item marked " $\,\,$ "
 - 2 With regard to ships calling at ports in order to put ashore sick or injured persons for emergency medical treatment and intending to leave again immediately, it is not necessary to fill in "Name and address of ship's Operator" of the column "8"