



FIJI REVENUE AND CUSTOMS SERVICE

OUTWARD REPORT FOR YACHTS / SMALL CRAFTS

OFFICIAL USE
ONLY

C2-C

REGISTRATION DETAILS		
Craft Name:		
Country of Registration:	Port of Registration:	Registration Number:
Date of Registration:	Sail Number:	Home Port:
Name of Person in Charge:		Total number of Persons Onboard:
DEPARTURE DETAILS		
Port of Departure:	Date of Departure:	Time of Departure:
Next Overseas Port:	Intended Date of Return to Fiji:	Intended Port of Return:
Intended itinerary:	1.	2.
	3.	4.
CORMMERCIAL CARGO (Please record on a separate sheet & attach if additional space is required)		
List all goods carried in or on the craft, whether in the course of international trade or for sale or supply in those goods, but exclude the personal effects of crew and passengers and stores for craft.		
FIREARMS (Specify makes, models & serial numbers)		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
CONTROLLED DRUGS/MEDICINES ON BOARD (Name & Quantity)		
Yes <input type="checkbox"/> No <input type="checkbox"/>		

STORES ON BOARD	
Beer:	Quantity:
Wine:	Quantity:
Spirits:	Quantity:
Cigarettes/Tobacco:	Quantity:

CRAFT STATUS (Tick box that applies)			
Visiting Overseas Craft <input type="checkbox"/>	Returning Fiji registered craft: <input type="checkbox"/> Built in Fiji: Yes <input type="checkbox"/> No <input type="checkbox"/> Duty Paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	Returning permanently imported craft: <input type="checkbox"/> Original import SAD number:	Permanently importing craft to Fiji: <input type="checkbox"/>

CRAFT DETAILS			
Craft Type: Yacht <input type="checkbox"/> Motor Launch <input type="checkbox"/> Other (Specify)		Design:	
Yacht Rig: Cutter <input type="checkbox"/> Sloop <input type="checkbox"/> Ketch <input type="checkbox"/> Yawl <input type="checkbox"/> Schooner <input type="checkbox"/> Other (Specify)		Mast Construction: Alloy <input type="checkbox"/> Timber <input type="checkbox"/> Composite <input type="checkbox"/> Other (Specify)	
Hull Construction: Steel <input type="checkbox"/> Alloy <input type="checkbox"/> Ferro <input type="checkbox"/> Cement <input type="checkbox"/> Fiberglass <input type="checkbox"/> Composite <input type="checkbox"/> Other (Specify)			
Length: Metres <input type="checkbox"/> Feet <input type="checkbox"/>	Beam: Metres <input type="checkbox"/> Feet <input type="checkbox"/>	Draught: Metres <input type="checkbox"/> Feet <input type="checkbox"/>	Gross Tonnage:

COLOURS	
Mast:	Deckhouse/Superstructure: (Tops)
Hull: (Above waterline)	Deckhouse/Superstructure: (Side)
Hull: (Below waterline)	Decks:
Dodgers / Sail Covers:	Sails:

ENGINE	
Make:	Model:
Power (HP/Kw)	Passage speed under motor:
Fuel Capacity:	Fuel Consumption Rate:

ELECTRONICS			
SSB Radio	Make:	Model:	Call Sign:
VHF Radio	Make:	Model:	Call Sign:
HAM Radio	Make:	Model:	Call Sign:
Cellphone	Make:	Model:	Number:

RADIO SCHEDULES MAINTAINED

Frequencies:

Times:

Shore Station:

LIST OF PORTS/PLACES/ISLANDS INTEND TO VISIT WHILE IN FIJI**NEXT OVERSEAS PORTS****CREW DETAILS (Person in Charge First)****Names in Block Letters****Attach any additional details of crew members on a separate sheet.**

Surname:

Surname:

First Name:(s)

First Name: (s)

Nationality:

Nationality:

Date of Birth:

Date of Birth:

Passport Number:

Passport Number:

Overseas Contact Address:

Overseas Contact Address:

Next of Kin, Relationship:

Next of Kin, Relationship:

Address/telephone of next of kin:

Address/telephone of next of kin:

Surname:

Surname:

First Name: (s)

First Name: (s)

Nationality:

Nationality:

Date of Birth:

Date of Birth:

Passport Number:

Passport Number:

Overseas Contact Address:

Overseas Contact Address:

Next of kin, relationship

Next of kin, Relationship:

Address/telephone of next of kin:

Address/telephone of next of kin:

OTHER EQUIPMENT			
Life raft	Make	Model	Capacity
Dinghy/Tender	Make	Model	Length
	Type	Capacity	Colour
Outboard motor	Make	Model	Power (HP/Kw)
Flares: Parachute <input type="checkbox"/> Hand held <input type="checkbox"/> Smoke <input type="checkbox"/> other (Specify)			
ANY OTHER IDENTIFYING FEATURES			
OWNERSHIP DETAILS			
Name of owner:			
Owners address:			
Owners contact #:	Telephone:	Cellphone:	Fax:
			E-mail:

Declaration

I,being the person in charge declare that all particulars stated in this Outward Report are true and correct.

Signature of Person in Charge: Date:

You are hereby advised that the information on this form is collected for the purpose of customs clearance, monitoring the movement of and persons and border security. You must provide all information requested on the form. Failure to do so is an offence. The **Fiji Revenue & Customs Service** pursuant to the Customs and Excise Act & Regulation of 1986 will hold the information you provide.

Declared before (officers name) thisday of **2021.**

Customs Officers Signature / Stamp