



Koninklijke Marechaussee
Brigade Caribisch gebied
Locatie Bonaire
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INBOUND / OUTBOUND
CLEARANCE FORM

Name of the Ship	:	_____	Home Port	:	_____
Type Ship	:	_____	Call Sign	:	_____
Total Crew	:	_____	Name of owner	:	_____
Total Passengers	:	_____	Registration Number	:	_____
Arrival date	:	_____	Number of Mast	:	_____
Arrival Time	:	_____	Place of Berth	:	_____
Last Port of Call	:	_____	Nationality / Flag	:	_____
Departure date	:	_____	Hull Color	:	_____
Departure Time	:	_____	Name Agent	:	_____
Next Port Of Call	:	_____			

Nr	Last Name	First Name	Date of Birth	Place of Birth	Nat.	Passport number	Rank
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Captain's Signature

Arrival Stamp

Name Immigration Officer and Signature

Departure Stamp