
FRESH WATER SUPPLY

SHIP INFORMATION		
Ship name: _____		Berth: _____
Estimate Date/ Time of departure: _____		(Time)
SUPPLY INFORMATION		
Date requested: _____	Quantity requested: _____ /Tonnes	
Time requested: _____	See Tariff in force	
INVOICE INFORMATION		
Billed to:		Telephone: _____
		Fax: _____
Billing address:		
REQUESTED BY		
Date: _____	Name: _____	
	Agent – Captain	
PORT AUTHORITY ONLY		
Confirmation supply date: _____		Time: _____

		Authorized person/TRPA