



SOUTH PORT NEW ZEALAND LIMITED

Request for Immobilisation

To: Duty Pilot / Marine Operations Manager
South Port (NZ)

Name of Vessel _____ Berth _____

I _____ request immobilisation of the above named vessel for _____ hours
(Masters Name)
from _____ to _____
(Date / Time) (Date / Time)

State Briefly nature of work / maintenance that will be carried out during period of immobilisation.

State briefly additional precautions to be taken during period. (i.e. watchmen, extra moorings etc)

Signed _____ Date _____ Time _____
Master

Request for Immobilisation granted.

Signed _____ Date _____ Time _____
On behalf of South Port NZ Ltd

Remarks: