



# SEYCHELLES MARITIME SAFETY AUTHORITY

## ADVANCE NOTICE OF DEPARTURE FORM *OUTER/INNER ISLANDS OF SEYCHELLES*

**The written request should be submitted as soon as possible no later than 48 hours** (Saturdays, Sundays and legal public holidays not included)  
On work days from 08:00 a.m to 4:00 pm

<b>PART A: REGISTRATION DETAILS</b>		
Name of Vessel:	Port of registration:	Date of registration:
Hire Craft Number (if applicable)	Total number of persons on board	
Skipper/ Master's Name:	Craft Type: Yacht      Motor launch	
C.O.C Number:	Other(specify )	
Limitation:		
Date of Expiry:		
Call Sign:		

<b>PART B: DEPARTURE DETAILS</b>		
Port of departure:	Date of departure:	Intended Time of departure:
Intended date of return to Mahe:		

**INTENDED ITINERARY**

1.	2.
3.	4.

**PART C: CREW AND PASSENGER DETAILS (Person in charge first)**

(Surname in block ) Attach any additional details of crew members on a separate sheet)

Surname:		Surname:	
First name(s)		First name(s)	
Nationality:	Date of birth	Nationality	Date of birth
Passport Number:		Passport Number:	
Overseas contact address:		Overseas contact address:	

(Surname in block ) Attach any additional details of crew members on a separate sheet)

Surname:		Surname:	
First name(s)		First name(s)	
Nationality	Date of birth	Nationality	Date of birth
Passport Number:		Passport Number:	

Overseas contact address:	Overseas contact address:
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**Please tick the appropriate boxes and insert Sat Phone Number if applicable**

<b>ELECTRONICS</b>			
Radar 1	<input type="checkbox"/>	Radar 2	<input type="checkbox"/>
SSB	<input type="checkbox"/>	VHF	<input type="checkbox"/>
Satellite Phone:	No:	Sart	<input type="checkbox"/>
GPS 1	<input type="checkbox"/>	GPS 2	<input type="checkbox"/>
EPIRB 121.5mHz	<input type="checkbox"/>	EPIRB 406mHz	<input type="checkbox"/>

I .....being the Persons in charge declare that  
all particulars state in this Advance notice of departure are true and correct

Name/Surname:..... Date:.....

**FOR OFFICIAL USE ONLY**

Approved

Not Approved

Reason:

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**Signature of (SMSA Officer)**

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**Dated at Port Victoria**