

## \* = Required information

## **Port Security Contact Point**

E-mail: isps@karlshamnshamn.se

Mon-Fri 07-16 Telephone: 0730 349 632

24/7 (emergency): 0733 578 158

INFORMATION PROVIDER	
Company*	
Name*	
Telephone .no*	

NOTIFIED PERSONS (Latest 24 h before arrival)							Holder of port ID card		٧	alid harbour secur course		Contact person in Port/Ship	
ETA / Date*	ETA / Time*	Period of stay	Company	Given name*	Surname*	Date of birth*	Reg.no*			Gate no:*	Name*	Phone no:*	

						L	atest 8 h before arraival	<u>.                                    </u>		
		Reg.no			Waybill attached				Ship's supplies	Dangerous goods
Reason for visit*	Transport Company	Truck	Trailer	Type of goods		Quantity	Ship		Temp. Storage / time	UN No.