



APPLICATION FOR THE USE OF THE SYNCROLIFT

Please note that this application will not be approved unless all information is provided.

The applicant is advised to familiarise himself with the Harbour regulations and Nampor Conditions of Service.

1. I/We \_\_\_\_\_ The owner/s or duly authorised representative/s request that the undermentioned vessel be lifted on the Syncrolift for the purpose of \_\_\_\_\_ or as per attached worklist.

2. Period the Syncrolift is required: \_\_\_\_\_ (Restricted to 12 days) From \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive). (Motivation for request for extended period on Syncrolift to be attached)

3. Name of vessel: \_\_\_\_\_ Displacement tonnage: \_\_\_\_\_ Length overall: \_\_\_\_\_ (m) Length BP: \_\_\_\_\_ (m) Length of Keel: \_\_\_\_\_ (m) Beam: \_\_\_\_\_ (m) Bar-keel: \_\_\_\_\_ YES/NO Time Sensitive Bays: YES/NO Emergency docking YES/NO if YES attach motivation

The vessel will have the following aboard at the time of docking:-

Scope of work attached \_\_\_\_\_ Yes / No \_\_\_\_\_

Note: Where a vessel is in ballast or carrying cargo at the time of docking, ballast and/or cargo distribution will be required. The application shall advise the Dockmaster of the distribution of ballast (Detailed plan of weight distribution to be attached.)

4. Attached, find an up-to-date docking plan clearly showing all under water protrusions.

5. Any damage to hull to be detailed: \_\_\_\_\_

6. If the vessel is to be lifted on Syncrolift, furnish displacement tonnage (1 000kg per ton) at the time of docking \_\_\_\_\_ tons.

I hereby declare that I have taken note of the contents of the Standard Conditions of Service of Nampor (PTO) and Harbour Regulations and agree and accept that they shall form part of this agreement in the same manner as if they were fully set.

MASTER/OWNER/AGENT \_\_\_\_\_

DATE \_\_\_\_\_

ACKNOWLEDGEMENT BY DOCK MASTER \_\_\_\_\_

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

NAME \_\_\_\_\_

CELL NO \_\_\_\_\_

ACKNOWLEDGEMENT BY DOCK MASTER \_\_\_\_\_

DATE \_\_\_\_\_

ACKNOWLEDGEMENT BY PORT CAPTAIN \_\_\_\_\_

EMERGENCY DOCKING \_\_\_\_\_

DATE \_\_\_\_\_



## INDEMNITY

To: **THE NAMIBIAN PORTS AUTHORITY**

I, \_\_\_\_\_ in the capacity as owner, or the duly appointed owner's representative, of the vessel \_\_\_\_\_ agree that:

1. Neither Namport nor their agents, nor any other person whomsoever shall be responsible, whether by any statute whatsoever which may be applicable in Namibia or any other country or under the common law of Namibia for
  - 1.1 the loss of life, personal injury, damage to the vessel or any other vessel, damage to clothing, equipment or personal effects whether belonging to the owner, operator/charterer or any other third party which may occur whilst the said vessel, person or equipment are on the syncrolift, or in the process of being placed on and/or removed from the syncrolift, or in the process of being placed on and/or removed from the syncrolift, whether such damage is caused by gross negligence or otherwise:
  - 1.2 any claim for consequential damage/loss arising from events howsoever arising.
2. I recognise and agree that:-
  - a) I shall be permitted to use the syncrolift entirely at my own risk.
  - b) There is no condition or warranty, expressed or implied that the syncrolift is or will be made safe for the purposes of my use and further, that no guarantee, or personal safety, safety of any crew or safety of the vessel given by any employee or other person in the employ of Namport or their agents, will in any way be binding upon Namport or their agents.
3. I warrant that I am duly authorised to sign this Indemnity and that this document shall be binding on the owner/operator/charterer of the abovementioned vessel.
4. In general, I absolve Namport from all or any liability and acknowledge that this Indemnity shall be governed by and construed according to the Laws of Namibia.

SIGNED AT WALVIS BAY ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20

\_\_\_\_\_  
SIGNATURE OF MASTER OR OWNER'S REPRESENTATIVE



CONFIRMATION OF SAFE DOCKING FORM

I, the undersigned, hereby acknowledge and confirm that my vessel:

MV \_\_\_\_\_

Has been inspected by me and consider it to be safely placed on the keel blocks.

Bay No: \_\_\_\_\_

Shifting to Bay No: \_\_\_\_\_

Requested by client to shift to bay No: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
MASTER/OWNER'S REPRESENTATIVE

NOTICE OF READINESS FOR A VESSEL TO BE REFLOATED

DOCK MASTER  
Walvis Bay Syncrolift

Date: \_\_\_\_\_

I hereby give notice that my vessel, MV \_\_\_\_\_ is ready to be refloated.

All underwater openings have been closed and the vessel is in all respects ready to be placed back in the water.

- \*\* I declare that the vessel has the same weight distribution as it has when it was lifted out of the water.
- \*\* The following structural changes have been made during the vessel's occupation of the syncrolift. (Drawings, surveyor's report and description attached.)
- \*\* The following weights have been redistributed. (Weight distribution Plan attached.)
- \* Delete which is not applicable.

I am aware that the Syncrolift services will terminate when the last mooring line has been cast off.

Time: \_\_\_\_\_

Signature: \_\_\_\_\_

MASTER/OWNER'S REPRESENTATIVE