

TONGA CUSTOMS SERVICE INWARD REPORT (SMALL CRAFT)

PART A: REGISTRATION DETAILS

Name	of small craft:Registration number:
Count	ry of registration:Home port:
Name	of person in charge:
	PART B: ARRIVAL DETAILS
Port o	f arrival:Time of arrival:Time of arrival:
Port a	rrived from: (previous customs clearance)
Estima	ated stay in Tonga:
List pr	revious overseas ports: 1: 2:
Specit 1.	ARMS: YES NO (Please circle) fy: makes, models and serial numbers:
Name 1.	ROLLED DRUGS/MEDICINES ON BOARD: YES NO (Please circle) and quantity:
Brief o 1. 2.	lescription and amount of alcohol:
1.	description and amount of cigarettes/tobacco:

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Kingdom of Tonga

SMALL CRAFT STATUS:										
Visiting overseas craft: YES NO										
Form C24 number:										
(IF the craft is to stay within the limits of the arrival port then no further action is required to be taken until the craft wishes to depart for overseas. However if the craft wishes to visit other manned ports or any other part of Tonga, then Form C24 " <i>Import Entry</i> (<i>Temporary</i>) Yacht and Small Vessels" is to be completed by the person in charge/master. The original C24 form is retained by the person in charge/master and a copy attached to the inward report.										
PART C: CREW AND PAS	SSENGER DETAILS									
*Person in Charge/Master first:										
Surname: First names: Nat	ationality: Date of Birth: Passport									
*1:										
2:										
3:										
4:										
5:										
6:										
Attach any additional details of crew/passengers	s on a separate sheet.									
PART D: CRAFT	DETAILS									
Description of craft:										
Sloop: Y / N Ketch: Y / N Yawl: Y / N Schoon	ner: Y / N (Please circle)									
Other:										
Main means of propulsion: Motor Sails ((Please circle)									
Superstructure colour:										
Hull construction:										



Section 20: Customs and Excise Management Act 2007

Hull Colour: (Abo	ve waterline)	(Below waterline)
Length:	(metres)	Beam: (metres)
Radar: Y/N	Dingy/Tender: (Colou	r) Life raft: Y / N
Declaration:		
And the second section of the second section of the second	ne particulars stated in	being the person in charge/master Parts A, B, C and D in this inward report

You are hereby advised that the information on this form is collected for the purpose of Customs clearance, monitoring the movement of craft and persons and border security. You must provide all information requested on the form. Failure to do so is an offence.

WARNING

There are heavy penalties under Tongan law for the illicit importation of drugs.

DRUG TRAFFICKING IS NOT WORTH THE RISK



Small Craft Information



Country:	
Craft Name:	
RegistrationNumber:	
Country of Registration:	
RegistrationPort:	
-	
Arrival Date:	
Arrival Time:	
Last Port:	
Last Country:	
Craft Category:	
Craft Type:	
Main means of Propulsion:	
Superstruction Colour:	
Hull Construction:	
Hull Colour (above waterline)	
Hull Colour (below waterline)	
Length:	
Beam:	
Radar:	(please tick box if this applies)
Dingy/Tender Colour:	
Life Raft	(please tick box if this applies)
Call Sign	
Departure Port	
Departure Date	
Departure Time	
Next Port	
NextCountry	
Estimated Arrival Date	
Comments:	
1	I

Firearms									
Please specify makes, mo	odels and serial numbers	74.5							
Firearm									
Medicines									
Controlled Drugs / Medic	ines on board - please spe	cify name and quantity							
Drug Name		Quantity							
Cigarettes		•							
	ease provide brief descript	ion and amount							
Description		Amount							

Amount	
	Amount

Currency

Please declare all currency held

Currency	Currency Value

Stores

Stores on Board



Description	Amount
L.	

Passengers Information

Passengers on Board Information

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																									Surname
																									First Name
																									Ranking
																									DOR
																								CCIAC	Gender
																								ivacionality	Notionality
																								Passport	
																								Date	Arrival
																						T		Time	Arrival
																								Date	Departure
																									Departure



Name:

Fuel Endurance:

Type:

Type of Bottom:

Colour:

Radio Equipment: Yes/No

Emergency Equipment Carried

Length of Transmission:

G/Tonnage:

Owner/Agent

Length:

Call Signs:

Construction Material:

Motor Installation or Sail Rigging:

Type of Motor Installation:

Frequency Used:

Home: Port:

Stern:

Port Registered:

Date Registered:

Official Number:

Auxiliary Engine: Yes/No

Type of Sail Rigging: