

VESSEL EXTRA SERVICES FORM**ATAKAŞ LİMAN İŞLETMECİLİĞİ VE TİC A.Ş.**

VESSEL NAME AND JOURNEY	:	
VESSEL AGENCY	:	
INVOICED PARTY	:	
ARRIVAL PORT	:	

REQUEST DATE	
REFERENCE NO	

L/N	SERVICE NAME	PLANNED DATE	M³	QTY	VESSEL	WEIGHT	MOVEMENT NO	UNIT
1	WATER SUPPLY							
2	BUNKER FUEL (FUEL + OIL)							
3	CLEAT SUPPLY							
4	LASHING/UNLASHING							
5	PORT CRANE USAGE							
6	CAP MOVEMENT							
7	RESTOW							
8	SHIFTING (LOAD)							
9	OTHER PORT SERVICES							

1-I hereby accept and undertake to adjust the preparations and precautions regarding my request in accordance with the daily capacity of the port,

2-And to comply with Atakaş Port Procedures and working hours determined by the Administration, and to ensure all job requests are completed in the required order.

OF THE REQUESTING AUTHORITY	
NAME AND SURNAME	:
COMPANY TITLE	:
SEAL	:
SIGNATURE	:

DOCUMENT APPROVAL

This Job Request Form can be updated anytime pursuant to the operational requirements of ATAKAŞ LİMAN İŞLETMECİLİĞİ VE TİC A.Ş. Administration.

DOC. NO: DKM-FRM-003

DATE OF ISSUE : 01.01.2018

REV. NO: 00