GOVERNMENT OF MALTA
OFFICE OF THE DEPUTY PRIME MINISTER
AND MINISTRY FOR HEALTH

Our Ref. :

Your Ref. :

REQUEST FOR THE ATTENDANCE OF PORT HEALTH OFFICIALS

The master of the ship requests the attendance of Port Health Officials for the inspection of

Vessel _____ berthed at _____.

on the _____ estimated time of inspection _____

I undertake to pay all expenses for the attendance of Port Health Officials for the issue of a Ship Sanitation Control Certificate* / Ship Sanitation Control Exemption Certificate* / Extension of Ship Sanitation Certificate* (*delete as applicable) in terms of Article 39 of the International Health Regulations (2005) and Regulation 20 of the Public Health (Ships) Regulations, 2008.

Port Health Officials will only inspect the vessel as long as there is safe access and passage provided.

_____ _____

Signature of Agent or his legal Representative

Date

_____

_____

_____

_____ _____

Name and Surname of Agent or his Legal representative
(In block letters)

Company name and Address
(Rubber stamp)

Data Protection Statement: All Data collected is processed in accordance with legal provisions and the General Data Protection Regulation (EU) 2016/679 (GDPR). Personal Data is not disclosed to third parties if not required by Law or by other EU Regulations/obligations

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