



POOLE HARBOUR COMMISSIONERS

Application Form (With effect 1st April 2009)

HARBOUR DUES IN POOLE HARBOUR

NAME					
ADDRESS		House No./Street No			
		POSTCODE:			
TEL:	Home:	Work:	Mobile:		
NAME OF VESSEL	Type	LOA	Metres H.P		
I APPLY for a DAILY HARBOUR DUES		0.78p per mtr of overall length of vessel		<input type="checkbox"/> Please tick	
I APPLY for a WEEKLY HARBOUR DUES		3.10 per mtr of overall length of vessel		<input type="checkbox"/> Please tick	
I APPLY for a MONTHLY HARBOUR DUES		6.22per mtr of overall length of vessel		<input type="checkbox"/> Please tick	
I APPLY for a ANNUAL HARBOUR DUES *		9.53 per mtr of overall length of vessel		<input type="checkbox"/> Please tick	
<p>(On receipt of Annual Harbour Dues you will receive a self adhesive Harbour Dues PAID Disc) PLEASE DISPLAY THIS DISC IN A PROMINENT POSITION ON THE PORT SIDE OF YOUR CRAFT – PREFERABLY ON OR NEAR THE STERN</p>					
I HAVE Third Party Insurance			<input type="checkbox"/> Please tick		
Where is your vessel moored:	YARD <input type="checkbox"/>	CLUB <input type="checkbox"/>	PHC <input type="checkbox"/>	HOME <input type="checkbox"/>	OR Berth No:
All Charges include VAT @ 15%		TOTAL	£		
I ENCLOSE MY REMITTANCE OF:		£	(Cheques payable to Poole Harbour Commissioners)		
Signed:				Dated:	
Please return the completed form to:	Moorings/ Harbour Master Department Poole Harbour Commissioners Harbour Office - 20 New Quay Road – Hamworthy – POOLE – Dorset - BH15 4AF			Tel: 01202 440200 (ext 9302) MON-FRI 09:15hrs & 13:15hrs	
RECEIPT No:		Date	/	/	RECORD No:
<p>If you wish to pay by Credit Card – Please complete the details below: Cardholder not present, telephone or post payment request</p>					
Cardholders Name: As it appears on the card				Address as above	
Card No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Start Date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Expiry date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Switch Issue No: <input type="checkbox"/> <input type="checkbox"/>		Card Security: Please write the last 3 numbers printed on the reverse of your card			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>