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|----------------------|--|----------------------|------------------|
| Form 4 | Pilot memo for Berthing/Unberthing/Shifting | | |
| Controlled By | Approved By | Revision Date | Ref. Dpt. |
| Head-Marine | Head-Marine | 09.04.25 | Marine |

REQUEST FOR PILOT SERVICES

Vessel Name:

Activity (Berthing/Un-berthing/Shifting): (Please tick- as relevant)

Date & time of readiness:

Draft Fwd/Aft:

Berthing: Port/Starboard/Any side (Please tick):

Working Bow/Stern Thruster:

Any Other Defects: YES/NO

If yes, Pls specify:

Acknowledgement

Vessel Master / Vessel Agent

Terminal Representative