BERTHING REQUEST

TO: MUNICIPAL PORT FUND of KALYMNOS

SURNAME: ……

NAME: ……

CITIZEN of: ……

ADDRESS: ……

VAT Number.: ……

PHONE Number: ……

I hereby request a berthing place for my vessel according to the following:

VESSEL'S NAME: ……

REGISTRY: ……

TYPE: ……

LENGTH OVERALL: ……

DRAFT: ……

DURATION of stay: ……

CATAMARAN: YES ◯ NO ◯

KALYMNOS ……/……/……

Signature