Title	EM12 - Stowaway Questionnaire	
Account Name	Quinta Essentia	

STOWAWAY QUESTIONAIRE				
Own Yacht				
Yacht Name:	Quinta Essentia ▼			
IMO Number:				
Port of Registry/Flag:				
Interfacing with				
_				
Name of Port / Port Facility / Other vessel:				
radiiiy / Onioi vessei.				
Identifying information (IMO No, address, etc):				
,				
Country/Flag:				
Declaration of Security	s valid			
From:	To:			
Security Level				
Own Yacht:	Port/Other Vessel:			
PERSONAL INFORMATIO	N			
01 Surname:				
02 First name: 03 Other name:				
03 Other name: 04 Date of birth:				
05 Place of birth:				
06 Nationality:				
07 Religion:				
08 Tribe:				
09 Chief:				

10	Sub-Chief:	
11	Passport No:	
12	Passport's issue date:	
13	Passport's issue place:	
14	Passport issued by:	
15	ID Card No.:	
16	ID issue date:	
17	ID issue place:	
18	ID issued by:	
19	Seaman's Book No.:	
20	S. Book issue date:	
21	S. Book issue place:	
22	S. Book issued by:	
23	Emergency Passport No.:	
24	E. Pass. issue date:	
25	E. Pass. issue place:	
26	E. Pass. issued by:	
27	When Embarked:	
28	Where embarked:	
29	When Landed:	
30	Where Landed:	
31	Address(House#, St, City, PO Box):	
PHYS	ICAL MARKS AND CHARACTE	RISTICS
32	Height (cm):	
33	Weight (kg):	
34	Complexion:	
35	Color of eyes:	
36	Hair color:	
37	Skin color:	
38	Marks (scars, tattoos):	
MARI	TAL STATUS	
39	Married:	
40	Name of spouse:	
41	Spouse's Date of Birth:	
42	Spouse's Place of Birth:	

40	Con accorde Andrews		
43	Spouse's Address:		
CHILI	DREN		
44 Name / Date of birth / Place of birth:			
ARE	INTS		
15	Father's surname:		
6	Father's first name:		$\overline{}$
1 7	Father's date of birth		
	(age):		
18	Father's Place of birth:		
19	Father's address:		
50	Mother's surname:		
51	Mother's firstname:		
52	Mother's date of birth (age)		
53	Mother's place of birth:		
54	Mother's address:		
			1
IBLII	NGS		
55	Brothers: Name / Date of bi	rth/ Place of birth:	
56	Sisters: Name / Date of birth	n/ Place of birth:	
\T!!"	ED DEI ATIVES		_//
) I НЕ 57	R RELATIVES	of birth, place of birth, address:	

				10	
PROF	ESSIONAL CAREER EDUCATIO	N .			
58	Profession(s):				
59	Languages spoken:				
60	Languages written:				
61	Employer(s):				
	School (name of school				
62	School (name of school, address):				
63	Headmaster:				
64	Teachers:				
OTHE	R INFORMATION			10	
65	Reason for stowing away:				
66	Intention (willing to be repatriated?):			//	
67	Remarks/History:				
				lo	
Date of completion of questionnaire:					
Intervi	Interviewer:				
Agree The You		nalf of:	The Port facility / other vessel: Name:		

Quinta Essentia Title: At:	Title: on date:
Contact Details	
(Insert telephone numbers, radio channels or frequencies to be used)	
Yacht:	Port / other vessel:
Quinta Essentia	
Master:	Port Facility / Master:
SSO:	PFSO / SSO:
Company:	
CSO:	