

Common User Facility

User Information Form

User Name: _____

User/Service Agreement Number: **C-** _____ (FM Office Use ONLY)

Description of Services / Work / Project Name:

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|--|
| |
|--|

ITEM 1

Registered Company Name: _____ ABN: _____

Registered Company Address: _____

ITEM 2

Commencement Date: _____

ITEM 3

Term (Expiry Date): _____

ITEM 4

Designated Facilities Required by User:

| |
|--|
| |
|--|

WHARF BOOKING INFORMATION (if required):

Shipping Agent: _____

ETA: _____ ETD: _____

Vessel Name: _____ Length: _____

Draft: _____ Ship Cranes: _____

FLOATING DOCK/ TRANSFER SYSTEM BOOKING INFORMATION (if required):

Estimated Date for Access to Floating Dock or Transfer System: _____

Estimated Docking Date: _____ Estimated Undocking: _____

Estimated Latest Date for Access Period: _____

ITEM 5

| Permitted Use (Capabilities to be Undertaken): |
|--|
| |

ITEM 6

Hours of Permitted Use: _____ (FM Office Use ONLY)

ITEM 7

Licence Fee: _____ (FM Office Use ONLY)

ITEM 8

ACCOUNTS PAYABLE INFORMATION:

Contact Person: _____

Postal Address: _____

Ph: _____ Fax: _____

Email: _____

ITEM 9

| List of Insurance that will be submitted for Scope of Work to be undertaken: |
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| |

ITEM 10

Bond Requirements _____ (FM Office Use ONLY)

ITEM 11

Address for Notices for the User:

Contact Person: _____ Position: _____

Street Address: _____

Ph: _____ Mobile: _____

Email: _____

ITEM 12

| Additional Special Conditions: |
|--------------------------------|
| |

| Other Comments: |
|-----------------|
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