

REQUEST FOR ANNUAL BERTH

To be sent together with the requested attachments by registered mail with return receipt,
or by email from a certified email address to gecas@pec.it

The undersigned Born in ,
On Resident in Address ,
Tax Code (If Company): Company name Registered
office (Street, City, Country)
Tax Code / VAT No. , Telephone number: ,
Mobile phone , E-mail:

REQUESTS

The allocation of a boat berth for an annual period (calendar year) and, for this purpose

DECLARES

- Having reviewed the REGULATIONS FOR THE ALLOCATION AND USE OF BERTHS AND SERVICES AT THE CASTELSARDO MARINA (available on the website www.marinadicastelsardo.com)
- That the following are the details of the boat owned by the undersigned:
 - Boat name: Type of vessel: (Sailing, Motor, Catamaran)
 - Registered with the Port Authority of Registration No.
 - Shipyard
 - Overall length (1) mt. Overall beam mt. Draft
 - Engine Brand: Hp:
 - Liability insurance policy (company and policy number):

Attachments:

- Copy of a valid identity document;
- Copy of vessel documents (certificate of registration for the boat and engines);
- Copy of a valid insurance policy;
- Certificate of residence for residents of Castelsardo or a sworn statement in lieu of a notarial deed, in accordance with the law;
- (For companies) Copy of the Companies Register extract ;

In accordance with Articles 10 and 11 of Law 675/96, containing provisions for the protection of individuals and other parties regarding the processing of personal data, the undersigned gives their consent to such processing.

(Place and Date)

(full signature)

(1) Please pay utmost attention when correctly indicating the overall length, as any incorrect declaration may result in the berth request being classified in a lower or higher category, thereby invalidating the application.