

ISPS REGISTRATION FORM

Please send a copy of your passport or ID card (no driver licence) with the filled in form to :

fsa@fsagencies.com

Date of registration:	First name:	Last name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Shipsname
- Reason of visit
- Your client
- Your company name
- Licence plate
- Other

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

DETAILS:			
Your phone nr:	<input type="text"/>	Company phone nr:	<input type="text"/>
Arrival date:	<input type="text"/>	Departure date:	<input type="text"/>

By providing this filled in form, I herewith give FSA permission to use and keep the personal data for the processing of this data in accordance with the terms of the GPDR.

Our Privacy statement can be find on our website:
<https://www.fsagencies.com/dl/FSA-privacy-statement.pdf>

HANDTEKENING:
