

# POSOL Licensed Boat Registration Form

**Boat Details**

Boat Name: <input style="width: 95%;" type="text"/>	Registration Number: <input style="width: 95%;" type="text"/>
Boat Make: <input style="width: 95%;" type="text"/>	Boat Model/Type: <input style="width: 95%;" type="text"/>
Length Overall (m): <input style="width: 40%;" type="text"/>	Boat Beam (m): <input style="width: 40%;" type="text"/>
Boat Owner's Emergency Contact Telephone Number: <input style="width: 95%; background-color: yellow;" type="text"/>	
Boat Owner's Emergency E-mail Address: <input style="width: 95%; background-color: yellow;" type="text"/>	

**Boat Owner(s) Details**

Owner 1 Name: <input style="width: 95%;" type="text"/>	Owner 2 Name: <input style="width: 95%;" type="text"/>
Owner 1 Address: <input style="width: 95%;" type="text"/>	Owner 2 Address: <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Owner 3 Name: <input style="width: 95%;" type="text"/>	Owner 4 Name: <input style="width: 95%;" type="text"/>
Owner 3 Address: <input style="width: 95%;" type="text"/>	Owner 4 Address: <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**Boat Insurance Details**

Insurer: <input style="width: 95%; background-color: yellow;" type="text"/>	Policy Number: <input style="width: 95%; background-color: yellow;" type="text"/>
Insured Name(s): <input style="width: 95%; background-color: yellow;" type="text"/>	Expiry Date: <input style="width: 95%; background-color: yellow;" type="text"/>

**Berth Details**

Berth Number: <input style="width: 60%;" type="text"/>	Port Solent address to which this berth is allocated: <input style="width: 95%;" type="text"/>
'B' shareholder Name(s): <input style="width: 95%;" type="text"/>	
Berth Licenced? <input type="checkbox"/>	Licence Expiry Date: <input style="width: 40%; background-color: yellow;" type="text"/>

*I/We declare that I/we hold valid and current insurance in respect of the above named boat which covers me/us for third party claims for up to £3,000,000.*

*I/We am/are aware that use of the berth in connection with any Chartering, Sailing Tuition or other commercial activity would contravene the terms of my/our sub-underlease.*

**I enclose the following (please read the relevant notes below):**

- Copy of Proof of Ownership (for example, Bill of Sale or Commercial Invoice or Part 1 Registration.) ###
- Copy of Licence Agreement. See Note 1
- Cheque for £40.00 made out in favour of POSOL. See Note 2.
- Cheque for £65.00 made out in favour of Premier Marinas. See Note 2.

**I/We certify the above to be true and correct.**

Signature(s) of 'B' shareholder(s).....

Signature(s) of boat owner(s) .....

.....

- NOTES**
1. POSOL reserves the right to request sight of the original.
  2. Required on each issue of a licence.
  3. Form and enclosures to be returned to POSOL, c/o Alexander Faulkner Partnership Ltd, 11 Little Park Farm Road, Fareham Hampshire, PO15 5SN
  4. Information supplied will be shared with Premier Marinas.