

# MINISTRY OF HEALTH – MANATŪ HAUORA

Te Kāwanatanga o Aotearoa – New Zealand Government

## COVID-19

### EXTENDED NOTICE OF ARRIVAL

In accordance with clause 14 of the COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020, the master of a ship must give between 168 and 192 hours (7-8 full days) notice before the ship arrives in New Zealand. However, if that is not practicable, the master must instead give notice when the ship departs from a port or other place outside New Zealand. This form must be used to provide this notice as per clause 15 of the MBO.

This notice is to be provided in addition to any notices required by other New Zealand Government agencies, including the Advanced Notice of Arrival.

Please provide full details and send to: [apicustodian@customs.govt.nz](mailto:apicustodian@customs.govt.nz)

#### CRAFT DETAILS:

1. Craft/ship's name:
2. Country of Registration:
3. IMO / Registration number:
4. MMSI Number:
5. AIS Capability:    Yes    No

#### VOYAGE DETAILS:

6. Intended port of arrival in New Zealand:
7. Estimated date and time of arrival in New Zealand territorial waters (12 nautical miles):  
Date    /    /    Time  
Day    Month    Year

8. Last overseas port or other place visited prior to arrival in New Zealand (port and country):

9. Date and time of departure from the last overseas port or other place prior to arrival in New Zealand:

Date    /    /    Time  
Day    Month    Year

10. Please list all countries crew and/or passengers have visited in the 7 days prior to departure:

11. Has any person boarded the ship, or had other physical contact with anyone on board, since it departed from the last overseas port or other place, whether or not they will be on board when the ship arrives in New Zealand?  
Yes    No

12. If Yes please provide details:

Date    /    /    Time  
Day    Month    Year

Reason for boarding:

13. Is anyone intending to board the ship before its arrival in New Zealand (e.g. as a pilot) or permanently?"  
Yes    No

14. If Yes please provide details:

Date    /    /    Time  
Day    Month    Year

Reason for boarding:

# COVID-19

---

## CREW AND PASSENGERS

15. Name of master:

16. Number of crew:

17. Number of passengers or other persons:

18. Number of persons wishing to disembark the ship/craft in New Zealand:

19. List the ports at which persons will be disembarking this craft/ship:

20. Is any crew member intending to disembark to enter the New Zealand community, including for shore leave?

Yes No

If Yes please advise your ship's agent so testing and medical examination can be arranged

21. Will you need to book a Managed Isolation Facility?

Yes No

If Yes the master or agent will need to contact MIQ MBIE at the following email address: MIQMaritimeOps@mbie.govt.nz

22. Are transfers to Managed Isolation Facility / Airport required?

Yes No

If Yes the master or agent will need to contact MIQ MBIE at the following email address: MIQMaritimeOps@mbie.govt.nz

## COVID – 19 QUESTIONS

COVID-19 symptoms are: a new or worsening cough; a sore throat; shortness of breath; a runny nose; loss of sense of smell; or a fever.

23. To the best of your knowledge, is any person on board experiencing symptoms that suggest the presence of COVID-19?

Yes No

24. To the best of your knowledge, has any person on board the ship had, in the 7 days prior to the notice being given, symptoms that suggest the presence of COVID-19?

Yes No

25. If Yes in 23 and/or 24 please provide details of these persons (number of persons, types of symptoms and length of time they have had those symptoms):

26. Are there any persons on board who have had known contact with a confirmed or probable COVID-19 case in the 7 days prior to departure from the last overseas port?

Yes No

27. Please complete appendix 1 (or attach an equivalent document) detailing as far as possible, for each person on board, any COVID-19 vaccine administered (including type of vaccine and the date(s) it was administered) and any results of a pre-departure test for COVID-19 undertaken no more than 72 hours prior to departure from the last port or other place.\*

---

I confirm the information in this form is true and correct

Signature

Name

Date

/ /  
Day Month Year

\* Please note that this information is requested to assist with public health planning only. Vaccination and pre-departure testing are not currently mandated for arrivals at the maritime border.