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## Berthing Application Form

**Owners Name** .....

**Address** .....

.....

**Post Code** .....

**Telephone** .....(Mobile) .....

**E-mail:** .....

**Name of Yacht** .....Class.....

LOA (m).....Beam (m).....Draft (m).....

*\*I/We agree to the Terms of Business of Dunstaffnage Marina Ltd, and confirm the above vessel is covered by a normal all risks insurance policy issued by:*

.....

### **1 Instalment**

- Annual pontoon berth
- 6 months pontoon berthing / 6 months storage ashore
- 6 summer months pontoon
- 6 summer months yard storage
- Other (please specify) .....

**Signature** .....Date .....

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### **For Office Use**

Berth Number:..... Invoice Number.....

ISO DOCUMENT REFERENCE: 9.1