



SAINT FLORENT'S MARINA

APPLICATION FOR THE AWARDING OF AN ANNUAL SPACE

Year 2020

HARBOUR

RIVER

BOAT INFORMATION

NAME OF THE BOAT:

DRAUGHT:

REGISTRATION NUMBER:

N° ACTE DE FRANCISATION:

TYPE OR MODEL:

WIDTH :

LENGHT OVER ALL:

MOTOR

SAILBOAT

OWNER INFORMATION

LAST NAME:

MOBILE PHONE:

FIRST NAME:

FIXED PHONE:

DATE OF BIRTH:

E-MAIL ADDRESS:

PLACE OF BIRTH:

SECONDARY RESIDENCE ADDRESS:

NATIONALITY:

CITY:

CITY:

POSTCODE:

POSTCODE:

PHONE:

PLEASE JOIN A COPY OF THE BOAT'S DOCUMENT AND A VALID CERTIFICATE OF INSURANCE

OTHER INFORMATION

First application of annual post

Extension of application of annual post:
If the extension is made, date of the first
application:.....

Date:

Signature:

Do not fill the part reserved to
administration!

Reçu le:../../...