*I have fully read the* **AVI AVI Terms and Conditions** *and understand and agree to its contents.* 

	Sign
	Printed name of Authorized Officer of Vessel
	Vessel Name
	Company Name
	Position
	Date
For Slipway	
	AVI AVI Manager Signature
	Printed name of AVI AVI Manager
	Date
Details of deposit	
	Amount
_	Bank details
—	Date

## **AVI AVI – BOOKING FORM**

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List of Work to be done