PT. BERKAT SAMUDERA LESTARI

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Branch Office : Sorong : Jl. Kasiolo KPR Kadar Lorong 3 No. 22 RT 006/RW 004, Kel. Klamana Distrik Sorong Timur, Koto Sorong, Papua Barat.
Tual : Jln. Balduwahadad, Mangon Dua, Dusun Mangon, Desa Tual. Kec. Dullah Selatan Kota Tual.

Ambon, 25 April 2026

No : 040/OPS/BSL/ABN/IV-2026
Perihal : Pemberitahuan Rencana Kedatangan dan Keberangkatan Kapal

Kepada Yth:
Kepala Balai Kekarantinaan Kesehatan
Klas I Ambon
di-
Ambon

Dengan Hormat,
Bersama ini kami beritahukan rencana kedatangan dan keberangkatan kapal dengan data sebagai berikut :

- Nama Kapal : MV. PUTRI AYU 8
- Bendera : SAO TOME & PRINCIPE
- Nomor Registrasi IMO : -
- Besar Kapal : 390 GT
- Datang Dari : HONGKONG
- Tiba Tanggal : 24 APRIL 2026 : 09.00 WIT
- Tujuan : HONGKONG
- Tujuan Berangkat Tanggal : 25 APRIL 2026 Pukul : 24.00 WIT
- Lokasi Labuh-Sandar / Anchorage-Berthing At : LABUH TELUK DALAM
- Tempat & Tanggal Terbit Serfikat SSCEC/SSCC : AMBON, 25-04-2026
- Tempat & Tanggal Terbit Sertifikat P3K : AMBON, 25-04-2026
- Tempat & Tanggal Terbit Buku Kesehatan : KIJANG, 21-10-2025
- Jumlah ABK / Number Of Crew
  a. Jumlah ABK Indonesia : 05 ORANG
- Jumlah ABK Asing : 03 ORANG
- Jumlah Penumpang Turun : -
- Jumlah Penumpang Lanjutan : -
- Jumlah Penumpang Naik : -
- Nama Pemilik / Agen : PT. BERKAT SAMUDERA LESTARI
- Nomor Telpon dan E-mail Perusahan : 0911 - 352002

Demikian surat pemberitahuan kami, sebelumnya diucapkan terima kasih

PT. BERKAT SAMUDERA LESTARI
Agen / Pemilik

M.J. LEATEMIA
Direktur

CREW LIST

VESSEL N A M E : MV. PUTRI AYU 8
DATE OF DEPARTURE : 25 APRIL 2026

NATIONALITY : SAO TOME & PRINCIPE

NEXT PORT : HONGKONG
LAST PORT : AMBON/INDONESIA

NO	NAME	RANK	NATIONALITY	SEX	DATE OF BIRTH	PASSPORT		SEAMAN BOOK	
						NUMBER	DOE	NUMBER	DOE
1	DEDI HENDRI	MASTER	INDONESIAN	M	12/11/1980	E9267416	04/12/2034	H06061	13/07/2026
2	AULIA CHANDRA PUTRA RAMADHAN	CH OFFICER	INDONESIAN	M	16/11/2002	E8983743	17/04/2030	J016461	05/02/2027
3	IRIS HERYANTO	CH ENGINEER	INDONESIAN	M	05/12/1978	E0176021	10/8/2027	J013732	01/07/2027
4	TRI ZULFEROYANTO	SECOND ENGINEER	INDONESIAN	M	05/06/1992	X5283642	14/05/2030	L008504	09/04/2028
5	JUNAIDI	AB	INDONESIAN	M	10/12/1975	C7810658	02/06/2027	L091120	18/11/2028
6	LU NING	AB	CHINA	M	07/06/1982	EJ9192280	16/02/2033	SKN50025869	11/11/2030
7	LAI GUANGCHENG	AB	CHINA	M	07/08/1980	EH5909813	21/10/2029	SKN50025871	11/11/2030
8	CHEN GUANZHOU	AB	CHINA	M	10/7/1981	EN8291056	25/11/2034	SKN50025870	11/11/2030
Total Crew / Total Awak : 08 Person included Master									

PT. BERKAT SAMUDERA LESTARI

M.J. LEATEMIA
Direktur

AMBON, 25 APRIL 2026

MV. PUTRI AYU 8

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DEDI HENDRI
Master

MARITIME DECLARATION OF HEALTH

No. _____

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports :

Name of ports	AMBON	Date	25-04-2026	Anchored Time	
Name of ship's	MV. PUTRI AYU 8	From	AMBON	To	HONGKONG
Nationality	SAO TOME AND PRINCIPE	Gross Tonnage	390	Net Tonnage	273
Master's name	DEDI HENDRI	IMO No./ Registry No.	8469161	Port of Registry	SAO TOME
Sanitation Control Exemption/ Control Certificate		Ceritificate	SSCEC	Issued at	KIJANG
		Date	25-04-2026	Re-Inspection	~~Yes~~ No
Visit an affected area identified by the WHO	Yes	Port	-	Number of Crew	8
	No	Date	-	Number of passenger	-

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter, including all ports/ countries visited in this period (additional names to the attached schedule)

Name		From	(1)	(2)	(3)

HEALTH QUESTION **Yes or No**

1. Has any person died on board during the voyage oherwise than as a result to accident? (if yes, state particulars in attached schedule) NO
2. Is there on board or has there been during the International voyage any case of disease which you suspect to be Of an infectious nature? (If yes, state particulars in attached schedule) NO
3. Has the total number ill passengers during the voyage been greater than normal / expected? Haw many ill person? ..... NO
4. Is there any ill person on board now? (If yes, state particulars in attached schedule) NO
5. Was a medical pratitioner consulted? (If yes, state particular of medical of medical treatment or advice Provided in attached schedule) NO
6. Are you aware of any conditon on board which may lead to infectious or spread of disease? YES
7. Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? (if yes, specify type, place and date) NO
8. Have any stowaways been found on board? (if yes, where did they join the ship (if known))? NO
9. Is there a sick animal or pet on board? NO

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of may knowledge and belief.

Date .....

MV. PUTRI AYU 8

Signed .....

Master

MASTER

Countersigned .....

Ship's Surgeon (if carried)

Note : In the absence of surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature

(a) Fever, persisting for several days of accompanied by (1) prostration (2) decreased consciousness (3) glandular swelling (4) jaundice (5) cough or shortness of breath (6) unusual bleeding (7) paralysis

(b) With or without fever (1) any acute skin rash of eruption (2) severe vomiting (other than sea sickness) (3) severe diarrhea (4) recurrent convulsions.