

ANNUAL REPORT

(For Single Proprietorship)

Of

(Name of Authorized Operator)

WATER TRANSPORTATION

(Kind of Service)

(Office Address)

TO THE

REPUBLIC OF THE PHILIPPINES

MARITIME INDUSTRY AUTHORITY

FOR THE

YEAR ENDING DECEMBER 31, 20____

(DO NOT FOLD)

(1 - C)

GENERAL RULES FOR REPORTING

THIS AUTHORITY WILL NOT ACCEPT FILING OF ANNUAL REPORTS WHICH ARE NOT PROPERLY ACCOMPLISHED IN ACCORDANCE WITH THESE RULES AND REGULATIONS.

MAKE A SEPARATE AND COMPLETE REPORT FOR EACH KIND OF SERVICE

Make out report in ink

Answers to inquiries must be complete. If not applicable write "Not Applicable"

Special and unusual entries and all discrepancies must be explained by noted

Where information asked for is not given, state reasons for omitting.

The report should be made out in duplicate, the original copy to be submitted to the concerned MARINA Regional Office (MRO) and one copy retained by the company in its files for reference, in case correspondence with regard to it becomes necessary.

This report must be filed in the respective MRO on or before JUNE 30 of each year.

THE FORMAT OF THIS AUTHORIZED FORM OF ANNUAL REPORT SHALL NOT BE ALTERED NOR TAMPERED WITH IN ANY FORM OR MANNER BY ANY INDIVIDUAL OR JURIDICAL ENTITY. CPC GRANTEEES ARE WARNED THAT ANNUAL REPORTS FILED IN ANY OTHER FORM NOT AUTHORIZED BY THIS AUTHORITY WILL NOT BE ACCEPTED FOR FILING

MARITIME INDUSTRY AUTHORITY

ANNUAL REPORT

1. **Name of Proprietor:** _____
2. **Business Address:** _____
3. **Other Business:** _____

4. **Person/s who prepared the Annual Report**

Name	Title/Position	Address	Telephone Number

5. **VESSELS WITH VALID PA/CPC/SP OPERATED DURING THE YEAR:**

Total No. of Vessels: _____ Total GRT: _____ Total DWT: _____

Vessel Name	Category/ Owned Bareboat Chartered/ Lease Purchased	Gross Tonnage (GT)	Deadweight (DWT)	Type of Operation (Liner/ Tramper)

(The owner/operator may use separate sheet if the vessels operated are more than ten)

6. **MANPOWER** – Fill in the different manpower categories listed below:

Monthly average number of administrative and support personnel whose wages are:

Minimum Wage	Above Minimum but below P1, 000	Above P1,500

Reserved personnel/,Manpower for the period:

Licensed Officer	Regular Crew	Apprentice

Deck			
Engine			

7. OPERATIONS DATA OF VESSELS OPERATED DURING THE PERIOD

Vessel Name: _____ GRT _____ DWT _____

Utilization Rate:

Commission Days	
Non-commissionable Days	
<ul style="list-style-type: none"> • Drydocked • 	
<ul style="list-style-type: none"> • Afloat Repairs • 	
Number of Days laid up	
Total No. of Days	

MILEAGE PERFORMANCE

Nautical miles run for the period	
Number of voyages for the period	

VESSEL MANPOWER – Average monthly manpower of the vessel

	Licensed Officer	Regular Crew	Apprentice
Deck			
Engine			

Note: This page must be accomplished per vessel

INCOME STATEMENT BY VESSEL – For each vessel operated during the period.

INCOME STATEMENT FOR M/V _____
 For the period _____

	Last Year	This Year
OPERATING REVENUE		
Passenger revenue		
Freight revenue		
Other operating revenue		
Total operating revenue	_____	_____
LESS: VESSEL OPERATING EXPENSES		
Fuel		
Lubricants		
Vessel Depreciation		
Repairs and maintenance		
Stevedoring and wharf labor		
Salaries and wages		
Insurance Expense		
Pilotage		
Port Charges		
Taxes and License		
Miscellaneous Expenses		
Other Operating expenses		
Total vessel operating expenses		
NET INCOME FROM VESSEL OPERATION	_____	_____

INCOME STATEMENT _____
 For the period _____

Last This

	Year	Year
OPERATING REVENUE		
Passenger revenue		
Freight revenue		
Other operating revenue		
Total operating revenue	_____	_____
LESS: VESSEL OPERATING EXPENSES		
Fuel		
Lubricants		
Vessel Depreciation		
Repairs and maintenance		
Stevedoring and wharf labor		
Salaries and wages		
Insurance Expense		
Pilotage		
Port Charges		
Taxes and License		
Miscellaneous Expenses		
Other Operating expenses		
Total vessel operating expenses		
GENERAL AND ADMINISTRATIVE EXPENSE		
Salaries and wages		
Office Supplies		
Light, water and telephone		
Bad debts		
Depreciation expense		
Insurance expense		
Employees Benefit		
Miscellaneous expense		
Other General and administrative expense	_____	_____
Total General and administrative expense	_____	_____
NET INCOME LOSS FROM OPERATION		
(ADD/LESS OTHER INCOME/ (EXPENSE))		
Interest income		

Others

NET INCOME

BALANCE SHEET

As of _____

	Last Year	This Year
CURRENT ASSETS		
Cash		
Receivables		
Spare parts, materials and supplies		
Prepaid Expense		
Total current assets		
PROPERTY AND EQUIPMENT (NET)		
OTHER ASSETS	_____	_____
TOTAL ASSETS	_____	_____
LIABILITIES		
Payables		
Other current liabilities		
Total Current Liabilities		
Long Term Liabilities	_____	_____
TOTAL LIABILITIES		
OWNERS EQUITY		
Capital, _____		
Less: Drawings	_____	_____
Add: Net Income for the period	_____	_____
TOTAL OWNERS EQUITY	_____	_____
TOTAL LIABILITIES AND OWNERS EQUITY	_____	_____

SCHEDULE OF PREPAYMENTS

As of _____

Recipient	Amount

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SPARE PARTS, MATERIALS AND SUPPLIES

Inventory of all items of spare parts, materials and supplies properly classified at the end of every operating period.

Item	Amount

SCHEDULE OF ACCOUNTS AND NOTES PAYABLE
As of _____

NAME OF CREDITOR	DATE OF MATURITY	AMOUNT

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SCHEDULE OF ACCRUED EXPENSE
As of _____

Item	Amount

SCHEDULE OF PROPERTY & EQUIPMENT

PROPERTY EQUIPMENT	HISTORICAL COST								APPRAISAL INCREMENT			
	DATE ACQUIRE D	START OF OPERATION	ACQUISITION COST IN P 000	CAPITALIZED EXPENSES IN P 0000	ESTIMATED SERVICE LIFE	ASSUMED SCRAP/ SALVAGED VALUE IN P 000	ACCUMULATED DEPRECIATION IN P 000	NET BOOK VALUE P 000	LATEST YEARS OF APPRAISAL	APPRAISAL INCREMENT IN P 000	ACCUMULATED DEPRECIATION IN P 000	NET APPRAISAL INCREMENT IN P 000
VESSELS												

CARGO AND PASSENGER TRAFFIC REPORT
for all types of vessels

(1) VOYAGE NO.	(2) DATE STARTED & END OF VOYAGE	(3) ROUTE	(4) PORT LEG	(5) CARGO	(6) CARRIED	(7) FREIGHT	(8) PASSENGER CARRIED	(9) PASSENGER REVENUE
				CU. M.	M.T.			
			Leg 1				1 class 2 class 3 class	
			Leg 2				1 2 3	

How to accomplish:

On a per vessel basis, the above column numbers shall refer to:

- (1) Trip number
- (2) Duration of one round trip
- (3) Authorized route
- (4) Link covered by route
- (5) Cargo carried in terms of cu. m. cargoes carried in terms of weight (m.t.) shall be likewise reflected in terms of cu. m. in this column. Put in another way, the same cargo in column 6 shall be reflected in column 5 expressed in cu. m.
- (6) Cargo carried in terms of m.t. cargoes carried in terms of volume (cu.m.) shall be likewise reflected in terms of m.t. in this column. Put in another way, the same cargo in column 5 shall be reflected in column 6 expressed in m.t.
- (7) Revenue per link
- (8) Passenger by class, i.e., number of class accommodation.
- (9) Passage revenue corresponding to reflected number by class accommodation in column 8.

GENERAL REMARKS

State hereunder any strike, accident or injury to any person or damage to any property, the causes and results thereof, or any other occurrence of materials importance during the period covered by this report.

ANNUAL TONNAGE FEE

1. Has the utility paid the annual tonnage fee(s) to the MARINA corresponding to the year which this report is filed? _____ (Yes or No)

Amount Paid P _____

Number and date of official receipt _____

2. If the utility had any unpaid annual tonnage fee(s), state the amount and year below:

YEAR		AMOUNT
_____	P	_____
_____	P	_____
_____	P	_____
_____	P	_____

INDEPENDENT ACCOUNTANTS SUPERVISION

I/ We have examined the Balance sheet, of _____ as of December 31, 20____ and the related Income Statement for the year then ended, together with supporting schedules, as set fort in this Annual Report to be filed with MARITIME INDUSTRY AUTHORITY pursuant to section 17 (h) of Commonwealth Act No. 146, as amended. My/ Our Examination was made in accordance with the generally accepted auditing standards, accordingly included such test of the accounting records and such auditing procedures as I/ We considered necessary in the circumstances.

In my/ our opinion, the said Balance Sheet and Income Statement present fairly the financial position at December 31, 20 _____ and the results of the operation for the year and ended of _____ in conformity with the generally accepted accounting principles applied on basis consistent with that of the proceeding year.

Certified Public Accountant

Date

Place

OATH BY CHIEF OPERATING OFFICER

REPUBLIC OF THE PHILIPPINES

Province of _____

Municipality City of _____

I, _____ of _____ hereby made oath and say that u am the _____ of _____ that I have carefully examined the foregoing report, that I believe that all the statement of facts contained in the said report are true and that the said report is a correct and complete statement of the business and affairs of the above-named proprietor during the period from January 1, 20 ____ to December 31, 20____.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____ Affiant exhibited to me his/ her Residence Certificate No. _____ issued at _____ on _____.

Notary Public