

## FIJI PORTS CORPORATION PTE LIMITED PORT SECURITY DEPARTMENT SECURITY POLICIES AND PROCEDURES MANUAL

DOCUMENT TITLE:

## PORT USER LICENSE APPLICATION FORM

NATURE OF THIS APPLICATION (Please tick appropriate options)						
New PUL	Renewal of PUL			Existing PUL Number:		
GENERAL INFORMATION				Likisting i ol		
Entity Name:						
Is it a Foreign Entity?	Yes:		No:			
Authorised Officer filling form on behalf of the Company:						
Registered Office Address:						
Address of Exact Location: (if not same as above)						
Postal Address:						
Phone Contact:				Mobile Contact:		
Email Address:				Fax:		
COMPANY DETAILS (Attach Certif	ied Copies)		I			
Company Registration Number						
Company TIN Number						
Business License Number	Suva:	Lautoka:		L	evuka:	
Nature of Business						
Briefly describe business to be						
conducted at the Port and						
estimated duration. Insurance Cover						
(Public Liability Insurance Cover)						
PORT ACCESS						
Port(s) to operate within (Please tick appropriate options)						
Suva Lautoka	Levuka	Malau	Ν	lua-I-Walu 1	Mua-I-Walu 2	
DECLARATION AND UNDERTAI	KING					
<ul> <li>i. The applicant declares that the information provided in this form is true in all respects.</li> <li>ii. The applicant will not misuse the port user license provided.</li> <li>iii. The applicant will appoint authorised personnel who will fill out the Port User ID Card Application form; the applicant must promptly notify FPCL if there is a change in authorized personnel.</li> <li>iv. The applicant will follow all the terms and conditions of the Port User License and abide by the safety standards set by FPCL.</li> <li>v. The applicant understands that FPCL has provided sufficient safety standards and will not accept liability for any damage, accidents or loss incurred to the applicant due to the applicants own negligence or that of its employee's or agents.</li> <li>vi. FPCL reserves the right to revoke the port user license at its discretion.</li> </ul>						
Signature:	Date:		Co	ompany Stamp/Se	al	
FOR OFFICIAL USE ONLY				1 5 17		
FINANCE		PORT SECU	JRITY			
*Fee Paid Yes	No	Appro	oved	Not Ap	proved	
Receipt Number:		Date Received:				
Date Received:		Category:				
Received By:		Vetted By:				
Signature:	Endorsed By:					
* Renewal Fee - \$100.00 * New Application Fee - \$150.00						