



**FIJI PORTS CORPORATION LIMITED
APPLICATION FORM FOR FPCL PASS**

INSTRUCTION TO APPLICANT

This application form, duly completed, must be submitted together with the applicant's credentials to the FPCL Pass Office at the Port Masters Building, PO Box 780, Suva, between 0800 and 1600 hours (Monday to Friday) except Public Holidays.

The applicant can also send the application form by post to the Port Facility Security Officer at the given address together with certified copies of identification material.

SECTION A1: (To be completed by Applicant in Block Letters).

Applicant's Full Name: [Grid] [First-Others-Last]

Job Description: [Grid]

Nationality: [Grid]

Gender: Male Female Date of Birth: [dd/mm/yy] [Grid] / [Grid] / [Grid]

Residential Phone No [Grid] Mobile Phone: [Grid]

Name of Sponsor: [Grid]

Will you be required to undertake any of the following types of operations in the restricted areas of the Port? (Please tick if yes)

Stevedoring: Lashing/Unlashing: Cargo Delivering/Receiving:

Do you have any major illness/disease/physical impairments? Yes No
If yes, give details, including any nervous, mental problems, or hearing disabilities.

SECTION A2: (To be completed by the Foreign Applicant in Block Letters).

Applicant's Full Name: [Grid] [First-Others-Last]

Job Description: [Grid]

Nationality: [Grid]

Gender: Male Female Date of Birth: [dd/mm/yy] [Grid] / [Grid] / [Grid]

Copy of passport supplied [Grid] [Grid] Copy of work permit supplied [Grid] [Grid]

Name of Sponsor: [Grid]

I, hereby declare that the following information given by me in either of Section "A" is true in all respects and I agree to abide by the terms and condition of issue of FPCL Passes.

.....
Applicant's Signature.

...../...../.....
Date.

Nb! Please tick where applicable, and delete whichever is inapplicable.

SECTION B: SPONSORSHIP
(To be completed by employer/Sponsor if applicable).

Name of Company:

Address:

COMPANY CERTIFICATE of
REGISTRATION
INCORPORATION No.

Company Telephone No. Fax No & Email Address.

Please state the nature of the
activities of the Company.

(A) I/WE hereby declare that:

- i) The applicant is my/our employee and his/her duties require him/her access to the Authorities restricted areas.
- ii) The particulars given by me/us in Section B are true in all respects.

(B) I/WE also undertake the following:

- i) To notify the Authority of any changes of particulars of the applicant.
- ii) To ensure that FPCL Pass is returned to the Authority if the Applicant is no longer employed or if the Pass ceases to be valid under the terms and conditions of issue of the Pass.
- iii) To bring to the attention of the Applicant the Safety Rules and Regulations in force from time to time and to ensure that the Applicant adheres to such Rules and Regulations.

Signature of Employee/Sponsor:

Name of Person signing:

Designation: **Date:**

NB: Only Management Staff/Authorised personnel of Employer/Sponsor are to endorse this form. In the case of the Authorised Personnel, a letter of Authorization must be produced. For Government/Statutory Bodies, the Head of Division/Department is to endorse the Form.



To which port do you seek entry:

Kings Wharf Muaiwalu Lautoka Levuka

State the purpose for seeking entry in details:

SECTION C		FOR FPCL USE ONLY	
Areas Allowed:			
Kings Wharf <input type="checkbox"/>	Muaiwalu <input type="checkbox"/>	Lautoka <input type="checkbox"/>	Levuka <input type="checkbox"/>
Checked By:/...../.....	
Name		Date	