



FIJI PORTS CORPORATION LIMITED

APPLICATION TO CONDUCT BUSINESS WITHIN FPCL PORT BOUNDARIES

State Nature of Activity	
<input type="checkbox"/> Diving (Commercial/Pleasure) <input type="checkbox"/> Wreck Removal <input type="checkbox"/> Salvaging <input type="checkbox"/> Ship Demolition <input type="checkbox"/> Underwater Repair works <input type="checkbox"/> On board repairs <input type="checkbox"/> Any other business involving the waters, please describe:	
Name of Company/Individual	
Contact Person	
Telephone Contact	
Mobile Number	
Email Address	
Fax Number	
Business Licence Number (attach copy)	
Certificate of Incorporation (attach copy)	
Certificate of Registration (attach copy)	
Port User Licence Number (attach copy)**	
Notification of Vat Registration(attach copy)	
TIN Registration Number (attach copy)	
Name of Referees: (attach copies of references)	
Name of Bankers/Address	
Name of partners/Directors for company	
State whether company has any relation to any FPCL member. If yes give full details: (Name and designation)	

***If no Port User Licence has been obtained, please apply for PUL*