



# FIJI PORTS CORPORATIONS LIMITED

## APPLICATION FOR RENEWAL OF PORT USERS LICENSE

Name of Applicant:.....

Company Name:.....

Registered Office Address:.....

Postal Address:.....

Telephone(s) (w).....mobile.....

Fax number:.....email address:.....

Current Port User License Number:.....

\*Business license # (e.g. Suva, Lautoka, Levuka).....

\* Company Insurance Policy Cover (Public Liability Cover):.....

Name of Ports Facility to operate:.....

Company's nature of business:.....

Applicant signature	Position/Appointment	Date	Company Stamp/Seal
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**FOR OFFICE USE ONLY**

Date Received:.....

Vetted by:

Comment:

	<b>Yes</b>	<b>No</b>
**Fees paid	<input type="checkbox"/>	<input type="checkbox"/>
Date:.....		

**APPROVED/NOT APPROVED**

Signature	Appointment	Date	License number
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\* Attached certified copies of certificate

\*\* Application fees of \$100.00