



"The Premier Provider of Sea Port Services and Facilities"

INSTRUCTION TO APPLICANT

This application form, duly completed, must be submitted together with the applicant's credentials to the FPCL Head Office P.O Box 780, Suva, between 0800 and 1700 hours (Monday to Friday) except Public Holidays.

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

Applicant's Full Name: _____

(First-Others-Last)

Job Description: _____

Nationality: _____

Gender: Male Female Date of Birth: ____/____/____
dd mm yy

Residential Phone No: _____ Mobile Phone: _____

Name of Sponsor: _____

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: _____

(First-Others-Last)

Job Description: _____

Sailor: _____ Vessel Name: _____ Call Sign: _____ Port Of Registry: _____

Nationality: _____

Gender: Male Female Date of Birth: ____/____/____
dd mm yy

Copy of passport supplied: _____ Copy of work permit supplied: _____

Name of Sponsor: _____

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

Applicant's Signature (Foreigners & Locals)

_____/_____/_____
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
REGISTRATION or
BUSINESS LICENCE 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 employees and his/her duties require him/her access to the Organization's 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 Organization of any changes of particulars of the applicant.
- ii) To ensure that FPCL Pass is returned to the Organization 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/Authorized personnel of Employer/Sponsor are to endorse this form. In the case of the Authorized Personnel, a letter of Authorization must be produced. For Government/Statutory Bodies, the Head of Division/Department is to endorse the Form.

For Foreign Workers

**PLACE
Common Seal
Here**



Providing you with world class Services

For Local Workers

**PLACE
Common Seal
Or
Company Seal**

To which port do you seek entry?

Kings Wharf Mua-i-walu I Mua-i-walu II Lautoka Levuka Malau

State the purpose for seeking entry in details: _____

SECTION C

FOR FPCL USE ONLY

Areas Allowed: _____

Kings Wharf: Mua-i-walu I: Mua-i-walu II: Lautoka: Levuka: Malau:

Approved By: _____

Date: _____