



**FIJI PORTS CORPORATION LIMITED**

**FERRY SERVICES REGISTRATION APPLICATION FORM**

Nr.	Description		Particulars
1.0	Name of the service provider and full postal address	:	
1.1	Telephone Number (Office)	:	
1.2	Telephone Number (Residence)	:	
1.3	Mobile Number	:	
1.4	E-Mail Address	:	
1.5	Fax Number	:	
2.0	Whether proprietary or partnership or limited company.[service provider to attach copy of partnership deed / Memorandum & Article of Association and / company on separate sheet]	:	
2.1	Year of constitution	:	
3.0	Name of the main Partner/s or name of proprietor in case of Proprietary Concern or name of the Directors in case of Limited company	:	
4.0	Year and date of establishment of firm.	:	
5.0	Please enclose latest organizational Chart of the firm	:	
6.0	Details of Experience:  Names of your important Customers to whom service provider has rendered the services giving period of	:	

	<p>contract.</p> <p>[Please substantiate your experience with documentary evidence.]</p> <p>Name of the companies:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
7.0	<p>Reg No. and date of company's registration with local authorities as required by applicable Act of the Country.</p> <p>[Service Provider to attach copy of registration certificate)</p>	:	
8.0	<p>Service provider to attach copy of valid Port User License</p>	:	
9.0	<p>Name (s) of Banker (s) and their address</p>	:	
10.0	<p>Service provider to state whether any member of their company has any relation employed in the Corporation.</p> <p>If yes, give full details.</p>	:	
11.0	<p>Whether the service provider employs in any capacity administrative or advisory, ex-officer of FPCL, who has retired from FPCL.</p>	:	
11.1	<p>If the answer is in affirmative the name and designation of that officer in the firm, his designation at the time of retirement from FPCL and his date of retirement from the Corporation should be furnished.</p>	:	
11.2	<p>Also the role and responsibilities of that officer in the firm especially with regard to the contract for which the EOI is made should be clearly spelt</p>	:	

	out.		
12.0	Whether service provider firm has been disqualified by the FPCL at any time in the past for this particular contract, if yes, state reasons.	:	
13.0	Number of boats/launches : owned/controlled by you, [Please state Technical particulars such as registration numbers passenger/cargo capacity NRT/GRT, Length of Launch etc. of Boats/Launches. Also enclose photocopies of ownership documents/ licenses issued by Port Authority/ competent Authority].	:	
14.0	Please state whether boats/ launches are registered under MSAF Rules	:	
15.0	Details of License held by you and issued by MSAF	:	
16.0	Whether these boats/launches : are fitted with VHF (or Handheld Radio / Mobile)? (If yes, give details)	:	
17.0	Please state number of lifejackets on board:		
18.0	Please attach photocopy of all boats of your company and seaworthiness	:	
19.0	Name of persons In charge of office and their A/H (After office hours) residential Telephone Nos.	:	
20.0	Address of your Office: Telephone Numbers and Fax Numbers and duration they are manned.	:	Tel.No. _____ Fax No.: _____ Office Hours- From : _____ To: _____
21.0	VAT, TIN Reg no and copies		

NOTE: Particulars requested above may be furnished on separate sheets, wherever necessary.

Full Name : \_\_\_\_\_

Designation: \_\_\_\_\_

Date : \_\_\_\_\_

(Company Seal)