

## APPLICATION FOR PORT PASS

**(This application must be completed by a Senior and Responsible Person of the Organization seeking a Port Pass for its employee)**

**One application must be completed and submitted for each employee requiring a Port Pass.**

**1. DETAILS OF ORGANISATION MAKING APPLICATION (CAPITAL)**

NAME OF COMPANY:.....  
 ADDRESS (LOCATION):.....  
 POSTAL:.....  
 TELEPHONE:..... FAX:.....  
 NATURE OF BUSINESS:.....  
 SIGNATURE:.....  
 DESIGNATION:.....

(1) The above mentioned company undertakes the full responsibility to ensure that a background check on the applicant has been carried out.

DATE :..... OFFICIAL STAMP:.....

**2. DETAILS OF PERSON FOR WHICH PORT PASS IS REQUIRED (CAPITAL)**

SURNAME: .....  
 GIVEN NAME (S): .....  
 RESIDENTIAL ADDRESS: .....  
 RESIDENTIAL TELEPHONE NO: .....  
 DESIGNATION: .....  
 DATE OF BIRTH: .....N.I.N: .....  
 PASSPORT NUMBER: .....  
 E-MAIL ADDRESS: .....  
 DURATION OF SERVICE WITH CURRENT EMPLOYER:.....

**(Tick as necessary)**

(A) **Permanent** [ ]

(B) **Temporary** [ ]

**3. PORT PASS SOUGHT FOR**

[ ] MAHE QUAY/COMMERCIAL PORT	DURATION MONTHS [ ] /YEARS [ ]
[ ] FISHING PORT	DURATION MONTHS [ ] /YEARS [ ]
[ ] IPHS QUAY	DURATION MONTHS [ ] /YEARS [ ]
[ ] ZONE 14	DURATION MONTHS [ ] /YEARS [ ]

**(Tick as necessary)**

**(Delete & Circle as necessary)**

4. PURPOSES FOR WHICH PORT PASS IS REQUIRED

- 'A' **(RED)**        **FOR BOARDING VESSELS**     **FOR ATTENDING TO PAX**  
e.g.      Upon Arrival, At Anchor, At buoys,  
            Over-side other vessels, Alongside quays
- 'B' **(GREEN)**        **ACCESS TO QUAYSIDE AREAS ONLY**  
e.g.      Direct Loading/ Discharge, Provision of Services to Ship  
            Alongside, Cargo Handling Operations, etc.
- 'C' **(YELLOW)**        **SHEDS/CARGO/FACTORY AREAS**  
e.g.      Transit Sheds, Warehouses, Bonded Areas,  
            SITZ Areas/Complex, IOT Cannery, Factory Areas
- 'D' **(BLUE)**        **OPEN STORAGE AREAS/YARD**  
e.g.        Dry Container Areas        Reefer Container Areas  
              Open Stacking                Grounds /Yards
- 'E' **(ORANGE)**        **ADMINISTRATION OFFICE BLOCKS**  
e.g (a)        MAHE QUAY      (b)   FISHING PORT  
              SPA                                        SFA  
              LML                                        IOT  
              Customs                                        Shipped Agents  
              Port Health                                        Stevedores /Handling  
              Security                                        Security  
              Others                                        Others

(tick /and/or/ delete as necessary)

5. DECLARATION BY PERSON REQUIRING PORT PASS

- (1) I, the undersigned, seek access, as applied, for purposes of carrying out /my duties and responsibilities in relation to my work.
- (2) I ..... have read and understand all the contents of the Application and certify that I agree to comply with and abide by all conditions, rules, regulations, etc.... set by the Seychelles Ports Authority governing
- (3) **I shall wear and display the port pass issued at all times whilst in port areas.**

SIGNATURE OF APPLICANT: .....      DATE: .....

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FOR OFFICIAL USE ONLY

Comments by PFSO/ Asst. Harbor Master/ Harbor Master

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Signature: .....

Date: .....