



APPLICATION FORM FOR SIPA ID CARDS

INSTRUCTIONS TO APPLICANTS

The application form duly completed must be submitted together with the applicant’s credentials to SIPA Security Office, Point Cruz, P.O Box 307, Honiara, between 0730 – 1600 hrs Mondays – Fridays except public holidays.

The applicant can also send the application form by post to SIPA (ID Card Pass Office) Security Office at the given address together with certified copies of identification documents when collecting SIPA ID Cards Office Tel 22582 or 22646 Ext 142/152.

SECTION A:
To be completed by the applicant (in BLOCK LETTERS) and a tick in the appropriate box.

Type of Application:

Sponsored
Non Sponsored

SIPA Employee
Govt./Stat. Authority

Name:.....

Nationality:.....

Residential Address:.....
.....

Date of Birth:.....

Designation/Occupation:.....

Will you be required to undertake any of the following types of operation in the restricted areas of the Ports:

Stevedoring

Yes

No

Collecting

Yes

No

Deliveries of Cargo

Yes

No

Tours/Rental Cars/Fumigation
Or others/Contractors

Yes

No

Do you have any major
illness/disease/ Physical disabilities?

Yes

No

If yes give details including any nervous, mental problems, or hearing disability:

.....
.....

State purpose for seeking entry in details (state also if entering all Ports and Purpose):

.....
.....
.....

I hereby declare that the information given by me in Section A are true in all respects and I agree to abide by the terms and conditions of issue of SIPA ID CARD.

.....
Signature of Applicant Date

Restricted Ports customs area of access permitted under this application are coded in numbers as follows:-

- Area Nos:
1. Container Terminal
 2. Warehouses
 3. Overseas Wharf
 4. Ports Head Offices
 5. Ports Workshop
 6. Ports Operations/Harbor & Mast Offices

NOTES: Security has the right to approve/reject areas applied for based on our judgments.

SECTION B: SPONSORSHIP
To be completed by the employer/sponsor if applicable.

1. Name of Company:.....
2. Address:.....
3. Company Tel No:.....
4. SIPA License No. If any:.....
5. Cash/Cheque only for issue of ID Cards:.....
6. Please state the nature of the activities of the company:
.....
.....
.....
7. (a) I/we hereby declare that:
 - (i) The applicant is my/our employee and his/her duties require him/her to have access to the Authority's restricted areas;
 - (ii) The particulars given by me/us in this section are true in all respects.
8. (b) I/we also undertake the following:
 - (i) To notify the SIPA of any change of particulars of the applicant;
 - (ii) To ensure that SIPA ID CARD is returned to the authority if the applicant is no longer required of it, this ID CARD ceases to be valid under the terms and conditions of issue of the ID Card.

Signature of Employer/Sponsor:.....

Name of Person Signing:

Designation:

Date:

Company Stamp/Seal
With address of Div,
Department Stamp

.....

(Note: Only Management Staff, authorized personnel of employer sponsor is to endorse the form. In the case of authorized personnel, a letter of authorization must be produced. For governmental and statutory bodies, the Head Divisional Department is to endorse the form).

SECTION C:
(For SIPA Security Office use only)

Areas allowed:.....

Checked by:.....
Name Date

Cash/Cheque:..... SIPA receipt No.:.....

SECTION D:
Acknowledgement of SIPA ID CARD

I..... (Name in full) acknowledge receipt of

SIPA ID CARD No.....

.....
Signature

.....
Signature