SOLOMON ISLANDS PORTS AUTHORITY

APPLICATION FOR PORT USERS LICENSE

Name of Applicant:.....

Company Name:.....

Registered Office Address:.....

Postal Address:.....

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

Fax number:.....Email address:.....

Company Registration #:.....

Business License Number: .....

Company TIN number:.....

Workman Compensation/Public Liability Cover (if any): .....

Port Facility Requesting to Enter: .....

Company's Nature of Business: .....

.....	.....	.....	.....
Applicant's signature	Position	Date	Company Stamp/Seal

FOR OFFICE USE ONLY:

Date Received:..... Fees paid: ☐ Yes ☐ No

Vetted by: Date:.....

Comment:

APPROVED/NOT APPROVED

Signature Position Date License Number: