



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: