



APPLICATION FROM FOR SIPA ID CARDS- DOMESTIC WHARF

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 0800 – 1630 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 :.....(Master /Engineer, deck etc.....)

Will you be required to undertake any of the following types of operation in the Domestic areas of the Ports?

| | | |
|--|------------------------------|-----------------------------|
| Loading Cargos | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Discharging Cargos | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Colleting of cargos | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Loading Passenger | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any major illness/disease/ Physical disabilities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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):

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

If Yes/No Give detail.....
.....
.....

Name and Address of Shipping company

Nature of your business activities

Telephone/Mobile (677).....

Owner of shipping company

Payment Cash/ChequeSIPA receipt No.

I hereby declare all information's given by me in section A are true and I agree to abide to SIPA rules and regulation- Verbal or written

.....
Signature of Applicant

.....
Date

Areas of Access Granted

- 1) Domestic wharf Area
- 2) Domestic Jetty
- 3) International Wharf

Note: a) Security has the right to approve/Reject areas applied for based on our judgments.

b) Notify security for change of address.

c) Return SIPA ID card if applicant no longer required of it or cease employment.

SECTION B: SIMSA REQUIREMENTS- FOR ID CARD

1. Name Seafarer

2. Name of Company:.....

3. Name of Vessel:.....

4. Position held on board:.....

5. Seafarers certificate of competency (COC):.....

6. Seafarers employment record book number:.....

- 7. Basic safety training certificate number:.....
- 8. Advance safety training certificate number:.....
- 9. Any other relevant certificate obtained (if any):.....

Check by : Name of SIMSA Officer Official SIMSA Stamp.....

Signature SIMSA Authorization Officer Date.....

Approved by: Name of Security Officer..... Official SIPA stamp.....

..... Date:.....

Signature Senior Security Officer-SIPA ID Documentation Office