

KHALIFA BIN SALMAN PORT PASS APPLICATION FORM

Date:

REQUEST DETAILS

<input type="checkbox"/> Annual Port Pass	New <input type="checkbox"/>	Renew <input type="checkbox"/>	Replacement <input type="checkbox"/>		
<input type="checkbox"/> Temporary Port Pass	No. of Days <input style="width: 50px;" type="text"/>	Date of entry requested <input style="width: 100px;" type="text"/>	Total number of applicants <input style="width: 50px;" type="text"/>		

Reason for entry

PERSONAL DETAILS

S	Name	Nationality	ID No. (CPR/PP)	Vehicle Access	Telephone	Designation	Company

DECLARATION

1. I declare that the information contained within this application and any attachments is true and correct and that if I willingly omit or provide information that is false I will be denied access to all KBSP facilities and APM Terminals can initiate legal action against me.
2. APM Terminals reserves the right to restrict or deny access to any KBSP facility if operational needs of access cannot be established by the applicant or fails the demands of the security screening.

Agree	Name of applicant	Designation	ID No. (CPR/PP)	Telephone	Email	Company

FOR OFFICIAL USE ONLY

Number of days approved <input style="width: 80px; height: 60px;" type="text"/>	Draft Reference <input style="width: 250px; height: 30px;" type="text"/>	<div style="border: 1px solid black; padding: 10px; width: 100%;">Cashier Attestation</div>	<div style="border: 1px solid black; padding: 10px; width: 100%;">Security Attestation</div>
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