

APPLICATION OF PMA PASS FOR FACILITIES CONTRACTOR /TENANTS BASIS

The PMA Pass for facilities contractor/tenants basis is issued pursuant to the terms and conditions set out in the PMA Pass Conditions, the PMA Security, Safety, Health and Environmental Rules and at the absolute discretion of Port And Maritime Affairs (PMA). Entry into PMA Facilities without a valid PMA Pass constitutes an offence.

INSTRUCTIONS TO THE APPLICANTS

- 1. Facilities contractor/tenants to PMA Facilities need to fill up and sign below Application Form.
- 2. Facilities contractor/tenants to PMA Facilities need to provide the following photocopies;
 - The Applicant's CR. a)
 - The Labor(s) (SMART), for Bahraini and Expatriates.
 - Passport (For Expatriate). Work Permit. c) d)

 - e) Labor (Driver) Driving License.
 - A copy of the acceptance letter by the port/logistics stakeholder confirming contracting arrangement or tenancy agreement. Any other documents as required by PMA. f)
 - g)
- 3. For tenants only; a recent colour photograph (passport-sized).
- 4. A letter by the Applicant's Employer, Sponsor or relevant person confirming its sponsorship of the Applicant's application for the PMA Pass for the purpose as stated in this application form and undertaking to ensure that the Applicant complies with the PMA Pass Conditions, PMA Security, Safety, Health and Environmental Rules and any other terms and conditions as may be implemented by PMA from time to time (singly and jointly referred to as the "Requisite Documents".
- 5. The fees payable for the application of each PMA Pass for Port /Tenants Contacting Basis are as follow:

Туре	Validity Period	Fees (B.D)
Permanent	1 Year	10.000
Temporary	Up to 3 months	8.000
Renewal (Permanent Only)	1 Year	10.000
Lost	Up to the expiry date of the lost card	10.000

6. Application must be made in person. Please present the duly completed application form together with the Requisite Documents to the following:

Ports And Maritime Affairs

Mina Salman (Passes Office)

Tel. 17 811 372 Fax. 17 359 603

Opening Hours 0730-1330	
SECTION A : TO BE COMPLE	ETED BY THE PORT / TENANTS CONTRACTOR
1. Name of Company / Busines	3S
2. Company / Business Registr	ration Address
Building / Flat No. Street Name / Road No.	Block No.
Town/City	P.O Box
3. Contact Numbers	
Telephone No.	4. C.R. No.
5. Contract Details	
Awarding Name	
Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)
Contract No.	
6. Required PMA Facility perm	it "Tick the appropriate field with $(\sqrt[4]{"}$
Mina Salman	Bahrain Logistics Zone
7. Please state the nature of the	ne Contract/Proposed Work

SECTION B: DECLERATION OF LABORS PERSONAL PARTICULARS In case additional labor to be registered, please add details on a separate sheet and attach it to this application.				
S. No. Name	Nationality	Designation	Work Permit No.	
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
				_
SECTION C : DECLERA	TION OF CONTRACTING EQUIPMENTS			
No.	Equipments	QTY	Destination	
Equipments Serial No				
Equipmente denta 116.				
				
Equipments Serial No				
Equipments Serial No				
Equipments Serial No				
Equipments Serial No				
Equipments denar No				
Equipments Serial No				
Equipments Serial No				
Equipments Serial No				
_				_
Equipments Serial No				

SECTION D : CAR ENTRY PERMIT (for approved a	applicants only)
Туре	Persons/Entities eligible for car entry
PMA CEP (Type A) PMA CEP (Type B) PMA CEP (Type C) PMA CEP (Type D) PMA CEP (Type E)	a) Shipchandling, Shipping & Clearing Agency b) Contractor/Supplier c) Tenants d) Government Ministries/Agencies e) Navy & Coast Guard
Vehicle Registration No.	
2. Vehicle Type	
Private Public	Motorcycle Others
1a. Vehicle Registration No.	
2a. Vehicle Type	
Private Public	Motorcycle Others
1b. Vehicle Registration No.	
2b. Vehicle Type	
Private Public	Motorcycle Others
1c. Vehicle Registration No.	
2c. Vehicle Type	
Private Public	Motorcycle Others
1d. Vehicle Registration No.	
2d. Vehicle Type	
Private Public	Motorcycle Others
1e. Vehicle Registration No.	
2e. Vehicle Type	
Private Public	Motorcycle Others
1f. Vehicle Registration No.	
2f. Vehicle Type	
Private Public	Motorcycle Others
1g. Vehicle Registration No.	
2g. Vehicle Type	
Private Public	Motorcycle Others

SECTION E : DECLERATION		
DECLERATION		
(a) We hereby sponsor the Applicant's application for the PMA Pass and affirm that; (i) The Applicant's is our employee and his / her duties require him / her to enter PMA's Facilities. (ii) The information provided in this section B is true in all respects.		
(b) We hereby also agree and undertake; (i) To notify PMA immediately of any inaccuracy or change of the information provided in section (ii) To notify PMA as soon as the Applicant is no longer employed by us. (iii) To abide by and also ensure that the Applicant abides by the PMA Pass Condition, the PMA S terms and conditions as may be implemented by PMA from time to time. (iv) To be jointly and severally responsible for all acts, obligations and liabilities whatsoever of the PMA Pass.	ecurity, Safety, Health and Env	•
(For Contractors Only) Name of Site Super Visor		
Contact No.		
Signature of Company's / Business Representative		
Name of Company's / Business Representative		
SMART / Passport No.		
Please affix Company's Business stamp		
Please affix Company's Business stamp		
Please affix Company's Business stamp SECTION F : FOR PMA USE ONLY		
Please affix Company's Business stamp		
Please affix Company's Business stamp		
Please affix Company's Business stamp		
Please affix Company's Business stamp		
Please affix Company's Business stamp	PMA Pass No.	
Please affix Company's Business stamp		Yes / No
Please affix Company's Business stamp	PMA Pass No.	
Please affix Company's Business stamp SECTION F : FOR PMA USE ONLY Checked and Processed by :	PMA Pass No.	
Please affix Company's Business stamp SECTION F : FOR PMA USE ONLY Checked and Processed by :	PMA Pass No. Vehicle	Yes / No
Please affix Company's Business stamp SECTION F: FOR PMA USE ONLY Checked and Processed by: Signature / Date / Location SECTION G: ACKNOWLEDGEMENT OF RECEIPT OF PMA PASS I hereby acknowledge receipt of my PMA Pass issued to me upon the terms and conditions as set in the PMA Pass Company of the PMA PASS Company o	PMA Pass No. Vehicle	Yes / No
Please affix Company's Business stamp SECTION F: FOR PMA USE ONLY Checked and Processed by: Signature / Date / Location SECTION G: ACKNOWLEDGEMENT OF RECEIPT OF PMA PASS I hereby acknowledge receipt of my PMA Pass issued to me upon the terms and conditions as set in the PMA Pass Company of the PMA PASS Company o	PMA Pass No. Vehicle	Yes / No
Please affix Company's Business stamp SECTION F: FOR PMA USE ONLY Checked and Processed by: Signature / Date / Location SECTION G: ACKNOWLEDGEMENT OF RECEIPT OF PMA PASS I hereby acknowledge receipt of my PMA Pass issued to me upon the terms and conditions as set in the PMA Pass Company of the PMA PASS Company o	PMA Pass No. Vehicle	Yes / No
Please affix Company's Business stamp SECTION F: FOR PMA USE ONLY Checked and Processed by: Signature / Date / Location SECTION G: ACKNOWLEDGEMENT OF RECEIPT OF PMA PASS I hereby acknowledge receipt of my PMA Pass issued to me upon the terms and conditions as set in the PMA Pass Company of the PMA PASS Company o	PMA Pass No. Vehicle	Yes / No
Please affix Company's Business stamp SECTION F: FOR PMA USE ONLY Checked and Processed by: Signature / Date / Location SECTION G: ACKNOWLEDGEMENT OF RECEIPT OF PMA PASS I hereby acknowledge receipt of my PMA Pass issued to me upon the terms and conditions as set in the PMA Pass Company of the PMA PASS Company o	PMA Pass No. Vehicle	Yes / No

^{*} In line with PMA Access Code Section 7 sub section (4) with regard to PMA Pass for Facilities Contractors / Tenants Basis.