

RE ISSUE OF LOST PMA PASS APPLICATION FORM

The replacement of lost PMA passes 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 General Organisation of Sea Ports ("PMA"). Entry into PMA Facilities without a valid PMA Pass constitutes an offence.

INSTRUCTIONS TO THE APPLICANTS

PMA (re-issue) Pass Applicant(s) need to provide following;

- 1. An authenticated copy of Port Police statement.
- 2. A letter by the Applicant's Employer/ Sponsor on such Employer's/ Sponsor's letterhead and addressed to Directorate of Security And Safety of PMA.
- 3. The fees payable for the application of re-issue to PMA Passes are as follows:

Туре	Validity Period	Fees (B.D)	
Lost	Up to the expiry date of the lost card	10.000	

4. 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 : DECLERATION OF APPLICANT'S PERSONAL PARTICULARS "Tick the appropriate field with (\checkmark) "		
1. Applicant's SMART No. () / Passport No. () 2. Nationality		
Work Permit No. 4.Work Permit Expiry Date (DD/MM/YYYY)		
5. Type of Application 1. Sponsored 2. Non- Sponsored 3. Government Employees		
6. Applicant's Name (As in the CPR/P.P)		
7. Gender		
1. Male 2. Female		
8. Residential Address		
Villa/House/Flat No. Block No.		
Street Name / Road No.		
Town/City P.O Box		
9. Contact Details		
Residential Telephone No.		
10.Date of Birth (DD/MM/YYYY) 11.Age		
12.Designation / Occupation		

SECTION B: TO BE COMPLETED BY THE APPLICANT'S EMPLOYER / SPONSOR				
1. Name of Company / Business				
2. Company / Business Registration Address				
Building / Flat No. Block No.				
Street Name / Road No.				
Town/City Postal Code				
3. Contact Details				
Telephone No. 4. C.R. No.				
5.Please state the nature of the activities of the Applicant's Employer / Sponsor				
DECLERATION				
(a) We hereby sponsor the Applicant's re-issue of 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 A. (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 Security, Safety, Health and Environmental Rules and any other 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 Applicant arising from or in relation to the Applicant's use of PMA Pass.				
Signature of Company's / Business Representative				
Name of Company's / Business Representative				
SMART / Passport No				
Designation and Date Please affix Company's Business stamp				
SECTION E : FOR PMA USE				
Checked and Processed by :Signature / Date / Location				
SECTION D: 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 Condition, the PMA Security, Safety, Health and Environmental				
Rules and any other terms and conditions as may be implemented by PMA from time to time.				
Product ID				
Pass Issued By:Signature / Date / Location				