

APPLICATION FOR GOVERNMENT STAFF PASS

The Government Staff Pass 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 Ports And Maritime Affairs (PMA). Entry into PMA Facilities without a valid PMA Pass constitutes an offence.

INSTRUCTIONS TO THE APPLICANTS

- Government Staff need to fill up and sign below Application Form, stating the following;
 - Applicant's Personal Details.
 - Vehicle Details.
 - Direct Line Manager Approval.
- A letter by the Applicant's Employer on such Employer's letterhead and addressed to Directorate of Security And Safety of PMA;
- A recent colour photograph (passport-sized).

SECTION A : DECLARATION OF APPLICANT'S PERSONAL PARTICULARS "Tick the appropriate field with (√)"

1. Applicant's SMART No. () / Passport No. ()	2.Nationality																										
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3. Staff No.																											
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4. (For Foreign Staff only) Work Permit No.	5.Work Permit Expiry Date (DD/MM/YYYY)																										
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6.Applicant's Name (As in SMART/Passport)																											
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7.Government Ministry / Agency																											
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8. Gender																											
<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female																											
9. Contact Numbers																											
Office Telephone No.	Cell phone No.																										
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10.Date of Birth (DD/MM/YYYY)	11.Age																										
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12.Designation / Occupation																											
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SECTION B : CAR ENTRY PERMIT

Type	Persons/Entities eligible for car entry								
PMA CEP (Type D)	a) Government Ministry / Agencies								
1. Vehicle Registration No.									
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2. Vehicle Type									
Private <input type="checkbox"/>	Public <input type="checkbox"/>								
Motorcycle <input type="checkbox"/>	Others <input type="checkbox"/>								

I hereby affirm that the information provided above Sections is true, valid up to date in all respect. I hereby also agree to abide 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.

_____ Signature of Applicant

_____ Date (DD/MM/YYYY)

SECTION C : TO BE COMPLETED BY THE LINE MANAGER

DECLARATION

- (a) We hereby endorse to issue 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 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.

Signature of Line Manager _____

Designation and Date _____

Please affix Directorate's Business stamp

SECTION D : FOR PMA USE

PMA Pass No.	
Vehicle	Yes / No

Checked and Processed by : _____
Signature / Date / Location

SECTION E: 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.

Pass Issued By: _____
Signature / Date / Location

*** In line with Access Code Section 7 subsection (6) with regard to Application for Government Staff Pass**