

# TRANSNET NATIONAL PORT AUTHORITY PORT ACCESS PERMIT APPLICATION FORM

**FORM - A**

Permit No. (Office Use only)

<b>Permanent Access Permits:</b> 1-3 year	<b>Exact Dates:</b> To
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**FALSE STATEMENTS MADE IN CONNECTION WITH THIS APPLICATION FOR A PORT ACCESS PERMIT BY THE APPLICANT, AUTHORISED SIGNATORY, OR ANYONE PROVIDING A REFERENCE FOR THE APPLICANT WILL RESULT IN AN OFFENCE UNDER THE CRIMINAL PROCEDURE ACT, 51 OF 1977. PLEASE NOTE THAT ALL APPLICANTS WILL BE SUBJECT TO A SCREENING PROCESS.**

**FAILURE BY THE APPLICANT AND/OR THE AUTHORISED SIGNATORY TO COMPLETE ANY PART OF THIS PORT ACCESS PERMIT APPLICATION FORM MAY RESULT IN THE DELAY AND/OR REFUSAL TO ISSUE A PORT ACCESS PERMIT. ANY QUERIES SHOULD BE DIRECTED TO THE PORT CUSTOMER SERVICES CENTRE / SECURITY PERMIT OFFICE AT [021 449 4111](tel:0214494111)**

## SECTION 1: APPLICANT PERSONAL DETAILS

**Applicants to present the original identity document/passport, together with certified copies thereof and valid work permits, business permits and/or visa (if applicable) to the Customer Services Centre or Security Permit Office.**

Surname		First Full Name		Initials	
SA Citizen	Yes      No	ID Number/ Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Contact Number			Gender	Male	Female
Home Address					
Suburb		City		Postal Code	
Country of Origin					
Company			Department Manager		
Company Tel			Department		
Company physical Address			Job Title		
			Employee No		
Do you currently have a permit?		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please provide reason for re-application:			
Port Induction Training	Yes      No	Date of Training			
Do you have a criminal record		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Please provide Police Clearance Certificate (SAP )			

**I, the Applicant, agree to adhere to all safety and security related rules and regulations imposed on all TNPA owned/managed areas in the Port. All particulars furnished by me on this Application Form are true and correct.**

<b>Signature of Applicant</b>		<b>Date of Application</b>	
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### SECTION 2: VEHICLES DETAILS (ONLY IF HAULIER PERMIT IS REQUIRED)

(Please attach a copy of the Truck Registration documents e.g. RC1/LOC)

Vehicle Reg. No.	Make	Model	Chassis or Vin No.	Colour

### SECTION 3: CONFIRMATION OF EMPLOYMENT BY AUTHORISED SIGNATORY

I / We hereby confirm the above Applicant's employment at our Company. I / We undertake to return the Port Access Permit to the Customer Services Centre or Security Permit Office when said employee either ceases to be employed by us, or the Port Access Permit expires.

Areas where access is required:

A- Berth		M - Berth		Tanker Basin	
FPT (B, C, D Berths)		Ship Repair		Q500	
E- Berth		Sturrock Dry Dock		Container Terminal	
MPT (F, G, H, J Berths)		Landing Wharf		Q700	
K, L Berths		Other			

Reason for Permit Application :

Section 56 / 57 license Number		Port Lease agreement			
New Employee		Port Access Permit Renewal			
Short-term Project		Other			

Tools	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Insert details	
Camera	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Insert details	
Specialised equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Insert details	
Surname and initials of Authorised Signatory			Telephone Work	
			Mobile	
Identity Number			Email address	
Signature of Authorised Signatory			Date	

**PLEASE NOTE**

**The Authorised Signature may be validated against the registered signatures in the Port or SAPS system. If you are not the registered signatory for the Company, this Application Form may be rejected.**

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SECTION 4: OFFICE USE ONLY			
Permission Approval	Camera    Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Reason if no:</small>	Tools/Equipment:    Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Reason if no:</small>	GENERAL COMMENTS
Permit Application Approved	Yes                      No	Reason if Rejected	
Permit Number			
Date of Issue			
Name of Permit Officer		Signature of Permit Officer	