

Company Letterhead (with address)

Date: _____

Officer-In-Charge

PSA Pass Centre PSA Corporation Ltd

APPLICATION FOR PSA PERMANENT PASS*

We wish to apply PSA Permanent Pass (*delete where applicable) for the following applicant(s) to access PSA Restricted Areas from (Start Date) _____ to (End Date) _____:

S/N	Name of Applicant	Designation	Company Name

The purpose of entry is _____

They will be at location (e.g vessel-voyage, building, terminal)

We warrant that the individual whose personal data has been disclosed has consented to the collection, use, and/or disclosure of his personal data for the purpose of assessing his eligibility for PSA Permanent Pass. We agree to bear all liability and shall fully indemnify PSA Corporation Limited against any and all actions, claims, proceedings, costs, damages, legal costs and/or other expenses arising out of our breach of this warranty.

We hereby agree to abide by the PSA Pass Conditions, the PSA Safety Rules, the PSA Security Rules and any other terms and conditions as may be implemented by PSA from time to time.

In consideration of the said Pass being issued to our employee(s), we for ourselves and on behalf of all such interested persons do hereby agree to indemnify PSA and your servants and agents in respect of any liability, loss or damage of whatsoever nature which you or they may incur or suffer in the event that legal proceedings are commenced by any other persons against you or them in respect of the matter.

Yours faithfully

Signature/Name/Designation:

Company stamp:

Applicable to PSA Contractors only.
PSA Custodian Department:
Name of PSA officer:
Signatory:
Date: