

ENNORE PORT LIMITED

APPLICATION FOR ISSUE OF NEW / RENEWAL LONG TERM ENTRY PERMITS

Please fill up this application in **BOLD LETTERS** and enclose along with Company letter head

Full Name of the Applicant	
Name & Full Address of the Firm	
Nature of work of the firm inside the Port	
Designation of the Applicant	
Sex	Male / Female
Purpose of visit of the above applicant	
Age & Date of Birth	
Vehicle No. (if any)	
Contact no. in case of Emergency	
Residential Address	
Identification Mark	
Blood Group	
Duration of pass required (Max. 1 year)	
Signature of the Applicant	
Company designated Authority Name, Designation & Signature	

UNDERTAKING

We hereby certify that -

1. The antecedent verification for the above person was conducted by the police and he has been cleared for security by the police. A copy of the police verification certificate (or copy of valid passport) is attached herewith.

OR

The antecedent verification was conducted by us (M/s.....) in respect of the above person and to the best of our knowledge his character and antecedents is found to be good.

2. The above person will be engaged only for the above purpose for which permit is issued.
3. We take full responsibility for all the activities of the above person inside the port.

Signature :
Name, Designation & address of
Recommending Officer :
Company seal :

* Please enclose Color photo of the applicant with blue background

Permit Approved for Months
Permitted Zone (Zone No. & Colour)	
Signature & Designation	
Port Entry Permit No.	

Strike out whichever
is not applicable

For
EPL's
use