

Application Form For Services Authorization

APPLICANT DETAILS	
COMPANY NAME:	
COMPANY REGISTRATION NUMBER:	
MAILING ADDRESS:	
OFFICE ADDRESS:	
TELEPHONE#	FAX #

CONTACTS		
PRIMARY CONTACT OWNER / PARTNER	NAME:	
	TITLE:	
	CITIZENSHIP NUMBER:	
	TELEPHONE#	FAX #
	MOBILE#	EMAIL:
SECONDARY CONTACT DIRECTOR / MANAGER	NAME:	
	TITLE:	
	CITIZENSHIP / RESIDENT ID NUMBER:	
	TELEPHONE#	FAX #
	MOBILE#	EMAIL:

ACTIVITY TO BE AUTHORIZED (Please Tick <input checked="" type="checkbox"/>)	
<input type="checkbox"/> SHIP / VESSEL AGENT	<input type="checkbox"/> SHIP CHANDLER AND SUPPLIER
<input type="checkbox"/> STEVEDORING SERVICES	<input type="checkbox"/> SHIP / VESSEL MAINTENANCE SERVICES
<input type="checkbox"/> MARINE BUNKER SUPPLIERS	<input type="checkbox"/> MARINE CONSULTANT / SURVEYOR
<input type="checkbox"/> CARGO SURVEYOR	<input type="checkbox"/> FRESH WATER SUPPLY
<input type="checkbox"/> BROKERAGE	<input type="checkbox"/> TRANSPORTATION
<input type="checkbox"/> FREIGHT FORWARDING	<input type="checkbox"/> OTHER, PLEASE SPECIFY: _____
<input type="checkbox"/> RENEWAL OF EXISTING AUTHORIZATION	

APPLICANT SIGNATURE AND SEAL:

NAME:

TITLE:

DATE:

Note:

To be signed, stamped, and sent back to Commercial@portsdevco.com

Application Form For Services Authorization

LIST OF DOCUMENTS ENCLOSED [shall be valid for three months minimum]:	
<input type="checkbox"/>	Copy of the Company Registration (CR) of Applicant.
<input type="checkbox"/>	Membership Certificate, Chamber of Commerce.
<input type="checkbox"/>	ECA Registration Form / ECA License (as applicable).
<input type="checkbox"/>	Appointment letter by the Shipping Line (where applicable).
<input type="checkbox"/>	Proof of Payment of Application Fee [Deposited to Ports Development Company's bank account at Saudi Arabia British Bank (SABB), King Abdullah Economic City, Rabigh, IBAN: SA334 5000 000 266 033 000 002].
<input type="checkbox"/>	Original Bank Guarantee, in the name of Ports Development Company valid for 3 years. (where applicable)
<input type="checkbox"/>	A list of the current shareholders/partners, Board members and GM of the Applicant and the contact details thereof.

OFFICIAL USER ONLY

RECEIVED BY	ECONOMIC CITIES AUTHORITY
NAME:	NAME:
DESIGNATION:	DESIGNATION:
COMMERCIAL DEPARTMENT (PDC)	PORT ADMINISTRATION (PDC)
NAME:	NAME:
DESIGNATION:	DESIGNATION:
ISSUED AUTHORIZATION NUMBER: _____	ECA REGISTRATION NUMBER: _____
DATE OF ISSUE: _____	DATE OF ISSUE: _____

Note:

To be signed, stamped, and sent back to Commercial@portsdevco.com