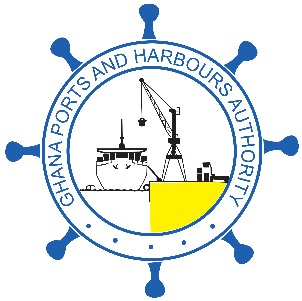
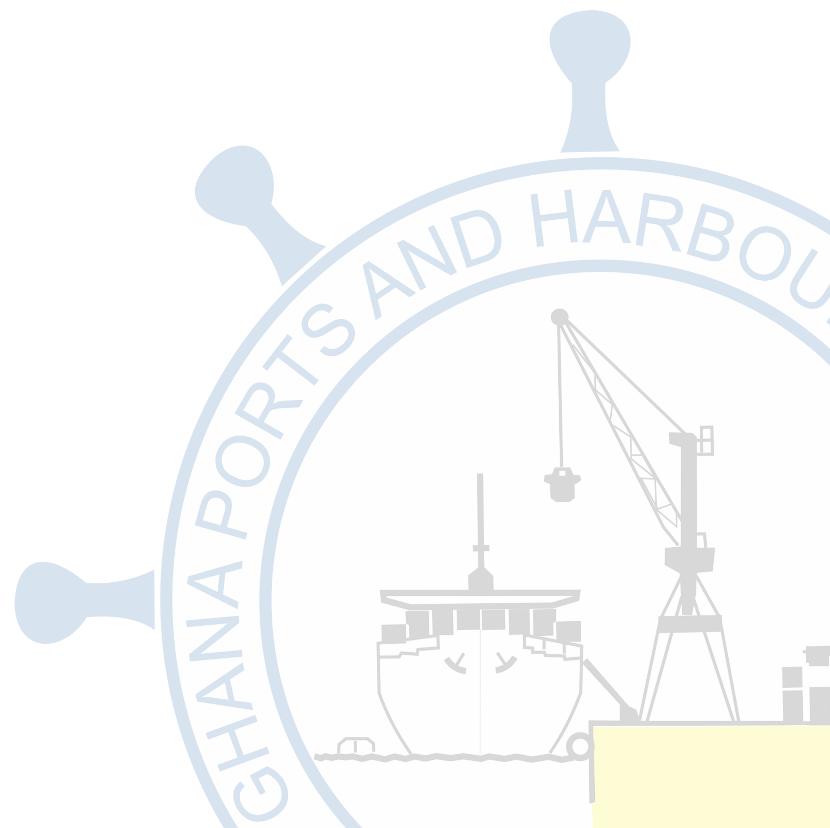


**REQUEST FOR GPHA COVID-19 PERMIT**

1. **SHIPPING AGENT**



**List of Persons**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Date of Application | |  | | |
| 2 | **Name of Company** | |  | | |
| 3 | **Name of Agent** | |  | | |
| 4 | **Position/Designation** | |  | | |
| 5 | **Name of Vessel** | |  | | |
| 6 | **Vessel Booking Number** | |  | | |
| 7 | **ETA** |  | | **ETD** |  |
| 8 | **Berth** | |  | | |
| 9 | **Cargo** | |  | | |
| 10 | **Activity** | |  | | |
| 11 | **Number of persons that may be required (Attach list)** | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | STAFF NUMBER | NAME |  |
| 1 |  |  | |
| 2 |  |  | |
| 3 |  |  | |
| 4 |  |  | |
| 5 |  |  | |
| 6 |  |  | |
| 7 |  |  | |
| 8 |  |  | |
| 9 |  |  | |
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| 11 |  |  | |
| 12 |  |  | |
| 13 |  |  | |
| 14 |  |  | |
| 15 |  |  | |

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