**Application for port pass**

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| **Ground Handling Agent:** | Agency’s name, address, VAT number, e-mail/fax, mob. phone |
| **Cruise vessel’s name:** |  |
| **Date and time of arrival:** |  |

Please issue permission for following coaches to enter port area:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Bus model** | **Plate number** | **Driver’s / Tour Guides**  **Name, Surname \*** | **Personal code or**  **ID number \*** |
| 1. |  |  |  |  |
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Herewith we guarantee payment for port passes according to the Invoice issued by Riga Passenger terminal.

We confirm that our drivers are informed to follow the instructions of the port security.

Date: \_\_\_\_\_\_\_\_\_\_\_

Person in charge: Name + signature

\* The processing of personal data is carried out by SIA “Rīgas Pasažieru Termināls” on the basis of the International Ship and Port Facility Security Code with the aim of ensuring compliance with the security requirements specified in the Code.