



## APPLICATION FOR INLAND PORT PASS

|                       | (All details must be filled correctly and completed to avoid the application from being rejected) |   |                          |  |                           |      |                                 |     |             |                 |  |  |  |
|-----------------------|---|---|--------------------------|--|---------------------------|------|---------------------------------|-----|-------------|-----------------|--|--|--|
| ☐ New Application     |   |   |                          | Renewal  |                           | C    | Change of Employer              |     | Replacement |                 |  |  |  |
| Тур                   | e of application  | n (tick 🚺 to  | o the 1                  | related party)   |                           |      |                                 |     |             |                 |  |  |  |
|                       | ☐ BKH ICD Employee  |   |                          | Goverment Agency   |                           | P    | ort pass user                   |     |             | Foreigner       |  |  |  |
| Customer Pass         |   |   |                          | Haulier Driver   |                           | F    | orwarding Agent                 |     |             | Vehicle sticker |  |  |  |
| 1. F                  | ull Name  | :   |                          |  |                           |      |                                 |     |             |                 |  |  |  |
| 2. 1/                 | C Number (New)  | :   |                          |  |                           |      | 3. I/C Number (Old)             | :   |             |                 |  |  |  |
| 4. D                  | ate of Birth  | :   | -                        | -  |                           |      | 5. Gender                       | : м |             | F               |  |  |  |
| 6. R                  | esidential Address  | :.  |                          |  |                           |      |                                 |     |             |                 |  |  |  |
|                       |   |   |                          |  |                           |      |                                 |     |             |                 |  |  |  |
| 7. F                  | Passport Number   | :   |                          |  | For foreign               | ner  | 8. Nationality                  | :   |             |                 |  |  |  |
| 9. V                  | P(TE) Exp. Date   | :   |                          |  | applicant o               | only |                                 |     |             |                 |  |  |  |
| 10. C                 | Occupation  | : <u>.</u>  |                          |  |                           |      | 11. Mobile Phone No.            | :_  |             |                 |  |  |  |
| 12. 🛭                 | Declaration   | <ul> <li>agree to pay<br/>for a port pay</li> </ul> | y the appl<br>ass is app | t all the information I have provid<br>icable fees for the period time if my<br>proved. I also commit to comply w<br>KH ICD that are imposed from time | application with the laws |      |                                 |     |             |                 |  |  |  |
|                       |   |   |                          |  |                           |      | 13. Employer Stamp              | :.  |             |                 |  |  |  |
|                       |   |   |                          |  |                           |      | 14. Employer Signature          | :.  |             |                 |  |  |  |
|                       |   |   |                          |  |                           |      | 15. Full name                   | :.  |             |                 |  |  |  |
| Applicant's Signature |   |   |                          |  |                           |      | 16. Position                    | :.  |             |                 |  |  |  |
|                       |   |   |                          |  |                           |      | 17. Mobile phone no.            | :.  |             |                 |  |  |  |
|                       |   |   |                          |  |                           |      | 18. Fax & Office number         |     |             |                 |  |  |  |
|                       |   |   |                          |  |                           |      | <ol><li>Office E-mail</li></ol> | ٠.  |             |                 |  |  |  |

## Note:

- The fee for a new application for inland port pass BKH ICD or others related application for a period of 1 RM 10.00 for Malaysian citizens and RM 20.00 for foreign nationals (subject to the validity date of the PLKS or visa). The replacement fee for a lost or damaged port pass is RM 50.00.
- 2. Please submit the original identification documents (Identity Card or Passport containing a valid Temporary Work Visit Pass).
- All companies performing contract work within the port area are required to submit a contract confirmation letter from the appointing company or a Letter of Award to verify the contract's validity period.
- 4. The land port pass issued is under the authority of the Port Safety and Health Chief, and the issuing authority may revoke or cancel it at any time without providing any reason for security reasons
- 5. This port pass must be shown upon request to any officer or security personnel of the Port, Bukit Kayu Hitam ICD Sdn. Bhd., or any officer authorized by the Port Safety and Health Chief of BKH ICD Sdn. Bhd.
- 6. While on the port premises, the company and the issuing authority will not be responsible for any damage, injury, or loss of life to any person, or for any damage or loss of property.
- 7. Upon changing employers, leaving the job, or the expiration of this land port pass, it must be returned to the issuing authority.
- 8. Anyone entering or exiting with a vehicle must voluntarily stop and open the cargo area and other areas as directed for inspection purposes
- 9. Any person who commits any safety-related violations may be fined according to the type of offense committed.
- 10. Any service company or port operator is subject to the terms and conditions when dealing with BKH ICD (copies can be obtained upon request), which, in certain cases, may exclude or limit liability and include specific indemnities in favor of BKH ICD.

Notice: Please be aware that a RM 50 processing fee will be charged if your card is lost. Thank you for your cooperation.

| Port Pass No.                                    | :[ |          |  |  |  |  |  |  |  |  |   |  | E | Expired Date        | :[  |  |  |  |  |
|--|----|----------|--|--|--|--|--|--|--|--|---|--|---|---------------------|-----|--|--|--|--|
| Date of Processing                               | :[ |          |  |  |  |  |  |  |  |  |   |  | C | Officer's Signature | : . |  |  |  |  |
| Vehicle Sticker Serial No.                       |    | :        |  |  |  |  |  |  |  |  | _ |  |   |                     |     |  |  |  |  |
| Vehichle Registaration No.                       |    | <u> </u> |  |  |  |  |  |  |  |  | _ |  |   |                     |     |  |  |  |  |
| Sticker Expiration Date                          |    | :_       |  |  |  |  |  |  |  |  | _ |  |   |                     |     |  |  |  |  |
|  |    |          |  |  |  |  |  |  |  |  |   |  |   |                     |     |  |  |  |  |
|  |    |          |  |  |  |  |  |  |  |  |   |  |   |                     |     |  |  |  |  |
| Signature of Head of Safety & Security BKH ICD : |    |          |  |  |  |  |  |  |  |  |   |  |   |                     |     |  |  |  |  |

FOR OFFICE USE ONLY: INLAND PORT PASS ISSUES