



ST.VINCENT AND THE GRENADINES PORT AUTHORITY

APPLICATION FOR WAIVER OF PORT CHARGES

Consignee's Name:.....

Name of person acting for consignee if different:.....

Description of Goods:.....

.....

Name of ship and date of arrival/departure:.....

Name of Local Shipping Agent:.....

Waiver is requested for

Vehicular

Operator Charges

Excess storage

Other (describe)

Heavy lift

Reasons for Requesting Waiver:.....

.....

.....

Signature:.....

Date:.....

For Official Use Only

Waiver: Recommended

Not Recommended

If Recommended – Proportion:.....

.....

Reasons for recommendation:.....

.....

Date:.....

Signed:
Operations Manager

.....
Port Manager/ Chief Executive Officer