



CHENNAI INTERNATIONAL TERMINALS PVT.LTD

ENTRY APPROVAL FORM

Date :

Particulars :

Name :

Please Tick : Vessel Agent Shipping Lines Transport owner Others

Organization :

Purpose :

Vehicle No :
(If Any)

Please permit the above person's to PSA CHENNAI (CITPL) _
(Specify Admin block, Control, Yard or Vessel, etc.,)

Issued by Shift Superintendent Name:	Shift Superintendent Signature	Time in	Time out
---	--------------------------------	---------	----------