



WESTHAVEN MARINA

WESTHAVEN MARINA CONTRACTORS

IDENTIFICATION CARD & PIN ACCESS APPLICATION FORM

NAME OF COMPANY: _____

ADDRESS: Postal _____

Physical _____

PHONE: _____

FAX: _____

EMAIL: _____

MOBILE: _____

NAME OF SIGNATORY (Manager or Owner): _____

TITLE OF POSITION: _____

I have read and understood the Westhaven Marina Health and Safety Commitment and agree to abide by its terms and conditions. I agree that I have passed on all relevant information to my employees whom I require to be Westhaven Marina contractors. It is my responsibility to ensure that all my new employees who require a Westhaven Contractor ID and PIN are informed of the Westhaven Marina Health and Safety policies and are referred to the Marina Office for ID card and PIN processing and to view the Health and Safety Register.

Public Liability Insurance Cover Note attached

SIGNATURE: _____

DATE: _____

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM & RETURN TO WESTHAVEN
MARINA**

