



Application For Casa de Campo Access Passes -General-

Código: GCS-ACR-FOR-01.02

Versión 04

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Applicant information

Date _____

Each applicant must be duly registered with Costasur Dominicana, S.A., and must provide a copy of their identity document.

Applicant: Owner Tenant Resident Administrator Dept. Head
 Contractor or Supplier Authorized Other, please specify: _____

First names: _____ Last names: _____

Type of identification: Cédula Passport No: _____ Telephone: _____

Email: _____ Relationship or Job title: _____

Villa, Apartment or Business Unit: _____

Check if you'd like a pass to be issued to the applicant: If this is a replacement, please enter the previous pass no: _____

Type of Application

 Issue of Pass Cancellation of Pass Villa or Apartment Employee. Vessel in transit Corporative Employee Corporative Employee Contractors Other _____

Observation:

Type of Issue

 New Pass Renewal due to Loss Renewal due to Damage Renewal due to Expiration Other Renewal, please specify: _____

Charges

Charge to the property or business unit account*: Yes Account # _____ No

Validity of the Pass _____ Days _____ Months Maximun time period

Pass Holder Information

Please provide a copy of your ID and a 2x2 photo with White background for each pass holder. If more space is required, please use a new form.

1. First names: _____ Last names: _____

Type of Identification: Cédula Passport No.: _____ Telephone: _____

Email: _____ Relationship or Job title: _____

Employee code if applicable: _____ Previous pass number if this is a replacement: _____

Villa, Apartment, Berth or Business Unit: _____

Vehicle Authorization

 (Please provide a copy of the Vehicle Registration Form (Matricula), Driver's License and Valid Insurance)

Type of Vehicle: _____ Brand: _____ Model: _____ License plate no: _____ Color: _____



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2. First names: _____ Last names: _____

Type of Identification: Cédula Passport No.: _____ Telephone: _____

Email: _____ Relationship or Job title: _____

Employee code if applicable: _____ Previous pass number if this is a replacement: _____

Vehicle Authorization (Please provide a copy of the Vehicle Registration Form (Matricula), Driver's License and Valid Insurance)

Type of Vehicle: _____ Brand: _____ Model: _____ License plate no: _____ Color: _____

3. First names: _____ Last names: _____

Type of Identification: Cédula Passport No.: _____ Telephone: _____

Email: _____ Relationship or Job title: _____

Employee code if applicable: _____ Previous pass number if this is a replacement: _____

Vehicle Authorization (Please provide a copy of the Vehicle Registration Form (Matricula), Driver's License and Valid Insurance)

Type of Vehicle: _____ Brand: _____ Model: _____ License plate no: _____ Color: _____

4. First names: _____ Last names: _____

Type of Identification: Cédula Passport No.: _____ Telephone: _____

Email: _____ Relationship or Job title: _____

Employee code if applicable: _____ Previous pass number if this is a replacement: _____

Vehicle Authorization (Please provide a copy of the Vehicle Registration Form (Matricula), Driver's License and Valid Insurance)

Type of Vehicle: _____ Brand: _____ Model: _____ License plate no: _____ Color: _____

5. First names: _____ Last names: _____

Type of Identification: Cédula Passport No.: _____ Telephone: _____

Email: _____ Relationship or Job title: _____

Employee code if applicable: _____ Previous pass number if this is a replacement: _____

Vehicle Authorization (Please provide a copy of the Vehicle Registration Form (Matricula), Driver's License and Valid Insurance)

Type of Vehicle: _____ Brand: _____ Model: _____ License plate no: _____ Color: _____



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Usage Policy and Responsibilities:

1. You must fill in all the fields this form
2. The passes are for the exclusive use of the holder; they are non-transferable and should not be loaned to third parties. The passes will be retained by the security guards at the gates if they are in the hands of persons other than their owner.
3. In case of loss of the pass immediately send a communication to the mail accesos@costasur.com.do Tel. 809-523-3333, ext. 5160-3268
4. The maximum time for claims is 30 days from the payment of charge to the property
5. Once the pass or authorization is issued in our system, the client will not be able to claim a refund of payment or charges generated by it.
6. Applications are valid for 15 calendar days, and in case of expiration the applicant will have to make a new application.
7. In cases of door change, the applicant must make the clarification in the field of observation
8. Depending on the type of pass requested, please send this form with the attached documentation to:
 - a. For **Tenant** passes, please register the tenant and apply for the pass at the Legal and **Administrative** Procedures Office by sending the documentation to tramiteslegales@costasur.com.do. For more information, please contact 809-951-1575.
 - b. For **Employee**, please apply to the Employee Services Office by sending the documentation to the following e-mail address: accesos@costasur.com.do. For more information, please contact 809 523-3333 ext. 3268 / 5160.
 - c. For **Contractors** and **Suppliers** passes, please submit your request to the Contractors and Suppliers Services Office by sending the documentation to the following e-mail address: accesos@costasur.com.do. For more information, please contact at 809 523-3333 ext. 5305.
 - d. For **Berth Vessel in Transit** passes, please apply to the Marina Chavon Service Office by sending the documentation to the following e-mail address: accesospropietarios@ccampo.com.do. For more information please contact 809 951-1500 ext. 2111 / 2112 / 2395.
9. Applicants declare that all the information provided in this form is accurate and authorize **COSTASUR DOMINICANA, S.A.** to verify, by all means possible, its veracity. By signing this form, we formally release **COSTASUR DOMINICANA, S.A.** from any disclosure of the information provided in this form, including personal data, to the competent authorities.

Applicant's Signature

Received Conform

Received by the Services Office

Date (DD/MM/AAAA)

Comments / Observations: _____

SEEN BY:

DEPARTMENT HEAD

ADMINISTRACIÓN CS

MANAGER ACREDITATION

ADMINISTRATION CR