## **KAMARAJAR PORT LIMITED**

## Format of letter seeking payment of additional fee

	Date:
From <i>THE PUBLIC INFORMATION OFFICE</i> Kamarajar Port Limited 2 <sup>nd</sup> Floor (North Wing) & 3 <sup>rd</sup> Floor, No.17, Rajaji Salai, Chennai - 600 (	
То	
(Name & Address of the applicant)	
Sir, Sub: Application	Reference Number .
undersigned requesting	ation dated addressed to the to provide information on The above information is being readied to be e for supplying this information to you amounts to
the earliest. Alternatively, the addi	e fee at this office by Demand Draft <u>or</u> Pay Order at tional fee may be paid by cash at Kamarajar Port 2 3rd Floor, No.17, Rajaji Salai, Chennai - 600 001 st, Near NCTPS, Chennai - 600 120.
4. Kindly quote the Application correspondence, etc.	Reference No. mentioned above in all the future
* 15 days of issue of the letter.	Yours faithfully, (Name & Address of PIO)