

## CUSTOMS SERVICES ASYCUDAWORLD PRINCIPAL (IM8) REGISTRATION FORM



Registered Business Name:			Customs Registration Cod	e:	
Manager Name:			Requested Date:		
Location:				•	
Reason for Registration:					
Authorization (Please tick the appropria	te box for provided	l registration info	ormation)		
Approve all information on f		Cancel Registrati			
Full Name:		Signat	ure:		
		Official Use O	nly		
Date Received	/	/	]		
Endorsement Officer					
Signature			Date /	/	
Updating Officer					
Signature			Date	/ /	,
Chaub fauna af sha	acont's names			TD Comm	Name (cheut four)
Company Name	igent s name	G	uarantee Account		Name (short form)