



CUSTOMS SERVICES ASYCUDAWORLD PRINCIPAL (IM8) REGISTRATION FORM

Registered Business Name:	Custo Regis	oms stration Code:	
Manager Name:	Requ	ested Date:	
Location:			

Reason of Registration:		

Authorization (Please tick the appropriate box for provided registration information)				
		Approve all information on form		Cancel Registration
Full Name: Signature:				gnature:

Official Use Only							
Date Received	/	/					
Endorsement Offi	cer						
Signature				Date	1	/	
				Date	7	/	1
Updating Officer				Data			-
Signature				Date	/	/	
Short form of the agent's name TR_Company Name (short form) Company Name Guarantee Account							

For more information please contact 21561 ext 128