

Information Technology Services Department (ITS)

ITS APPLICATION REGISTRATION FORM

Full Name: _____

 Date: / /
 d d / m m / y y

 IC. No: - -

Passport No: _____

Company Name: _____

Phone No: _____

Company ROC No: ()

Ext: _____

Office Address: _____

Mobile: _____

Fax: _____

 Business Type: Shipping Line
 Forwarding Agent
 Haulier
 Others _____

Designation: _____

Email: _____

Immediate superior:	Designation :	Signature:
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Application:	<input type="checkbox"/> Navis Express Webform
	<input type="checkbox"/> FZIPS
	<input type="checkbox"/> VCS
	<input type="checkbox"/> Others _____

ITS Personnel Use
ITS: Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Company registration code in PTP:
Company Stamp
Applicant Signature: _____