



ASYCUDA WORLD

APPLICATION FOR REGISTRATION & USER AUTHORISATION FORM

To the Deputy Director/Commissioner

Pursuant to the Customs and Excise Regulations, I hereby apply for registration as an authorized user of the ASYCUDA WORLD automated system and in this regard hereby provide the following information:

(A) Applicant Information

Company Name: _____

Address: _____

ZIP code: _____ City: _____

Country: _____

Phone#: _____

Cell phone#: _____

Fax#: _____

E-mail: _____

Clearing agent code: _____

NOTE: All companies and other entities applying for registration must provide the names of each individual who will be using the ASYCUDA WORLD system and include them in part B.

(B) INDIVIDUALS (Including ALL employees of company in (A) above, who require access the system)

1.		2.	
Name:	_____	Name:	_____
Position:	_____	Position:	_____
Tel:	_____	Tel:	_____
Email:	_____	Email:	_____
3.		4.	
Name:	_____	Name:	_____
Position:	_____	Position:	_____
Tel:	_____	Tel:	_____
Email:	_____	Email:	_____

.....
Applicant's Name

.....
Signature / Date

.....
Company Seal (If applicable)

NOTE: Kindly fill this application form and email it to
asycudaworld@mof.gov.na