

APPLICATION FOR REGISTRATION & USER AUTHORISATION FORM CLEARING AGENT

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 PERSONAL DATA

Name:	
Address:	
Zip code:	
City:	
Country:	
Phone number:	
Cell phone number:	
Fax number:	
E-mail address:	
Clearing agent code:	

B. INDIVIDUALS

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.

Name:		Surname:	
Designation/Position:			
Telephone number	Code ()	Fax number	Code ()
Email address:			
Office/s: <i>(where access will be needed for the agent)</i>			

Name:		Surname:	
Designation/Position:			
Telephone number	Code ()	Fax number	Code ()
Email address:			
Office/s: <i>(where access will be needed for the agent)</i>			

Name:		Surname:	
Designation/Position:			
Telephone number	Code ()	Fax number	Code ()
Email address:			
Office/s: <i>(where access will be needed for the agent)</i>			

Name:		Surname:	
Designation/Position:			
Telephone number	Code ()	Fax number	Code ()
Email address:			
Office/s: <i>(where access will be needed for the agent)</i>			

<p>.....</p> <p>Applicant's Name Signature/Date Company Seal (if applicable)</p>		
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NOTE: Kindly fill this application form and email it to:
asycudaworld@namra.org.na

C: FOR OFFICE USE ONLY

User identification	
User login:	
Account reference:	
Account holder:	
Job Title:	
User's business units:	

Stamp
