

APPLICATION FORM FOR CREDIT FACILITY STATEMENT GENERATION

*** WRITE IN BLOCK LETTERS ***		Date:
A. COMPANY INFORMATION		
Company Name:		
Current Address:		
Zip code:		
City:	Phone:	Fax:
E-mail:	Contact person:	
B. CREDIT FACILITY ACCOUNT INFORMATION		
Credit Account Code:		
Credit Account limit Amount:		
Person Responsible to generate the statement:		
Phone number:	Cellular number:	Fax:
Position:		
Alternative Person Responsible to generate the statement (REQUIRED):		
Phone number:	Cellular number:	Fax:
Email:	Position:	
Customs Office where payment allocation will be done:	Note: Payment or proof of payment and the credit statement printout must be provided to that Customs Office	
Customs Office Code:		
C: SIGNITURE		
I am aware that this application will provide me with ASYCUDAWorld (AW) User ID to generate a credit statement. Upon receipt of AW User logins, I will be responsible to generate my own statements.		
Signature of applicant:		Date:
D: FOR NAMIBIA REVENUE AGENCY USE ONLY		
Application Number:		
Credit Account Code:		
Customs Office(s) where payment allocation will be done:		
ASYCUDA World User ID:		
ASYCUDAWorld (AW) Password:		
Alternative ASYCUDA World User ID:		
Alternative ASYCUDAWorld (AW) Password:		
Credit Account Access Code:		
E: SUPPORT		
Send your application to: MIKE NANUB mike.nanub@namra.org.na		
Support: (061) 209 2695, (061) 209 2093, (061) 209 2094	Support email: asycudaworld@namra.org.na	