

Information Technology Services Department (ITS)

APPLICATION REGISTRATION FORM

Full Name	:			Date :	
IC Number	:				dd mm yy
Passport Number					
Company Name	:			Phone :	
Company ROC	:()			Ext :	
Office Address	:			Fax :	
				Mobile :	
Business Type				_	
	Shipping Line Forwarding Agent			Government Marine Activity	
	Haulier			Free Zone	
	Others				
Designation	:			Email :	
Immediate Superior	:	Designation :			Signature :
Application				Authoriz	ed by (for Internal use)
Application	NAVIS				
	FZIPS				
	VCS				
	MRMS				
	Others		_		
Company Registration Code in PTP :				IT	'S Personnel Use
Company Stamp					
Applicant Signature			ITS	:	
			Dat	e :	

Kindly complete and submit the form with authorized signature via fax to 07-504 2260 or email to itccs@ptp.com.my.