

Information Technology Services Department (ITS)

ITS APPLICATION REGISTRATION FORM

Full Name: _____

 Date: / /

 IC. No: - -

d d / m m / y y

Passport No: _____

Company Name: _____

Phone No: _____

Company ROC No: ()

Ext: _____

Office Address: _____

Mobile: _____

Fax: _____

 Business Type:

<input type="checkbox"/>	Shipping Line
<input type="checkbox"/>	Forwarding Agent
<input type="checkbox"/>	Haulier
<input type="checkbox"/>	Others _____

Designation: _____

Email: _____

Application: <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Navis Express Webform</td> </tr> <tr> <td><input type="checkbox"/></td> <td>FZIPS</td> </tr> <tr> <td><input type="checkbox"/></td> <td>VCS</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Others _____</td> </tr> </table>	<input type="checkbox"/>	Navis Express Webform	<input type="checkbox"/>	FZIPS	<input type="checkbox"/>	VCS	<input type="checkbox"/>	Others _____
<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"/>

Company Stamp Applicant Signature: _____
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