



# PRE-PAYMENT REGISTRATION FORM



Port of \_\_\_\_\_

<b>Type of Account:</b> <input type="checkbox"/> Importer <input type="checkbox"/> Exporter	
<b>Tax Identification Number (TIN):</b>	<b>Account No:</b> <year>+<port code>+ '-' + <NNNNNNN > e.g. 2021P04C-0000001
<b>Company Name:</b>	
<b>Office Address:</b>	
<b>Contact Person:</b>	<b>Position:</b>
<b>Email Address:</b>	<b>Tel No/ Mobile No.</b>
<b>Submitted by:</b>	<b>Account Registered by :</b>
_____	_____
<i>(Signature Over Printed Name)</i>	<i>(Chief, Collection Division)</i>