

KOLKATA PORT TRUST
KOLKATA DOCK SYSTEM

NEPAL CUSTOMER REGISTRATION FORM
[FORM TO BE FILLED UP BY TYPING, SIGNED AND SUBMITTED TO
KOLKATA DOCK SYSTEM
(USE BLOCK CAPITAL)

I. COMPANY NAME:

GROUP: (USE √ MARK)

GOVT

SEMI-GOVT

CORPORATE

OTHERS

II. A. FULL BILLING ADDRESS:

| | |
|----------------------|-----------|
| <input type="text"/> | |
| <input type="text"/> | |
| STATE: | PIN CODE: |

III. A. ADDRESS OF REGISTERED OFFICE OF COMPANY/ENTITY:

| | |
|---|-----------|
| <input type="text"/> | |
| <input type="text"/> | |
| STATE: | PIN CODE: |
| Fax Number (With ISD Code): [] [] | |

NEPAL GOVT. REGISTRATION NUMBER

IV. (Import/Export Lisc.):

V. ~~TAX DEDUCTION ACCOUNT NUMBER (TAN):~~

VI. ~~INCOME TAX CIRCLE:~~

VII. a. CUSTOM HOUSE AGENCY CODE
(if any preferred CHA)

b. HOUSE AGENCY LICENSE NUMBER
(Mandatory if VII (a) is filled)

c. Kolkata Port Trust Registration Number
(Will be filled by KoPT)

VIII. ~~CUSTOM HOUSE AGENCY VALIDITY UPTO:~~
(if any) (Mandatory for C&F Agents)

IX. MOBILE NUMBERS OF CONTACT OFFICE:

| | | |
|---|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> |

EMAIL:

X. FAX NUMBERS OF CONTACT OFFICE
[WITH ISD CODE]:

XI. TYPE OF OPERATION: [PLEASE (✓)TICK ONE OR MORE AS APPLICABLE]

- | | |
|--|---|
| <input type="checkbox"/> STEAMER AGENT | <input type="checkbox"/> MAIN LINE OPERATOR |
| <input type="checkbox"/> BARGE OPERATOR | <input type="checkbox"/> CHARTERER/ AGENT |
| <input type="checkbox"/> C&F AGENT | <input type="checkbox"/> CARGO HANDLING AGENT |
| <input type="checkbox"/> IMPORTER/EXPORTER | <input type="checkbox"/> SURVEYOR |
| <input type="checkbox"/> HANDLING AGENT | <input type="checkbox"/> CFS/ICD OPERATOR |
| <input type="checkbox"/> LESSEE/LICENSEE | <input type="checkbox"/> ELECTRICITY CONSUMER |

OTHERS [Specify]

| |
|--|
| |
|--|

I/We declare that the above particulars are true to the best of our knowledge and has been furnished after due verification of relevant records. We also undertake that we would notify Kolkata Dock System about any change in the above particulars as and when it occurs. It is also confirmed that the undersigned is duly authorized by the Company/firm to deal with all matters with Kolkata Dock System including signing such declaration/confirmation. We also accept that KDS shall not be responsible for delay in credit of refund in our A/C (mentioned above), attributable to Banks. Further, we shall be solely responsible for any eventuality arising out of incorrect and/or incomplete information being furnished by us above. We also undertake to intimate KDS about any change by filling up a separate form immediately.

Enclose: 1. Copy of Nepal Govt Import/Export Lisc

Signature of Authorized Signatory
Full Signature with
Name and Designation
[Put Rubber Stamp of Company]

Date:

To be furnished over the Letterhead of the Company/Firm]
[Submit three copies all in Original]

**NEPAL CUSTOMER REGISTRATION FORM KOLKATA DOCK SYSTEM DETAILS OF
AUTHORISED SIGNATORIES**

Name of Company:

I. OPERATIONAL MATTERS:

| Name | Designation | Specimen Signature [To be signed by Black Ball Point Pen] | TEL. NO., MOBILE NO. & E- MAIL ADDRESS |
|------|-------------|---|---|
| | | | Tel: Mob: Email: |
| | | | Tel: Mob: Email: |
| | | | Tel: Mob: Email: |

**II. FINANCE RELATED MATTER INCLUDING DRAWAL OF REFUND CHEQUE/
SIGNING DECLARATION / GIVING UNDERTAKING (Binding the Customer):**

1. Signing Declaration and Giving undertaking on behalf of the Company:

| Name | Designation | Specimen Signature [To be signed by Black Ball Point Pen] | TEL. NO., MOBILE NO. & E- MAIL ADDRESS |
|------|-------------|---|---|
| | | | Tel: Mob: Email: |
| | | | Tel: Mob: Email: |
| | | | Tel: Mob: Email: |

2. Collection of Bills/ Treasury Receipts / Refund Cheques Other Miscellaneous Financial Matters

| Name | Designation | Specimen Signature [To be signed by Black Ball Point Pen] | TEL. NO., MOBILE NO. & E- MAIL ADDRESS |
|------|-------------|---|---|
| | | | Tel: Mob: Email: |
| | | | Tel: Mob: Email: |
| | | | Tel: Mob: Email: |

Note: Any change in the above shall have to be notified by giving similar declaration.

Signature with Name and Designation

Date: