

CHENNAI PORT TRUST

CUSTOMER REGISTRATION FORM

**[FORM TO BE FILLED UP BY TYPING, SIGNED AND SUBMITTED TO
FINANCE DEPARTMENT
(USE BLOCK CAPITAL)**

I. COMPANY NAME:

GROUP: (USE \surd 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 STD Code): [<input type="text"/>] [<input type="text"/>]	

IV. PERMANENT ACCOUNT NUMBER (PAN):

V. TAX DEDUCTION ACCOUNT NUMBER (TAN):

VI. INCOME TAX CIRCLE :

VII. a. CUSTOM HOUSE AGENCY CODE
(if any) : (Mandatory for C&F Agents)

b. HOUSE AGENCY LICENSE NUMBER
(Mandatory for C&F Agents)

c. Chennai Port Trust Registration Number
(Mandatory for Steamer Agents/C&F Agent)

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

IX. TELEPHONE NUMBERS OF CONTACT OFFICE:
WITH STD CODE

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 STD 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"/> STEVEDORE | <input type="checkbox"/> C&F AGENT |
| <input type="checkbox"/> SURVEYOR | <input type="checkbox"/> BARGE OPERATOR |
| <input type="checkbox"/> CHARTER AGENT | <input type="checkbox"/> CONSIGNEE/IMPORTER |
| <input type="checkbox"/> CONSIGNOR/EXPORTER | <input type="checkbox"/> CARGO HANDLING AGENT |
| <input type="checkbox"/> RFA AGENT | <input type="checkbox"/> RAILWAY HANDLING AGENT |

OTHERS [Specify]

XII. **BANK ACCOUNT DETAILS** [*for effecting refund through bank directly*]

- a Bank Name
- b Bank Account Number
- c Account Type : (Cash Credit/Current/Savings)
- d Branch Name:
- e Branch Address (Full with PIN code):
- f Eleven digit RTGS Code Number of the Branch
- g Nine digit MICR Code Number of the Branch:
- h Phone Number of Branch
- i Fax Number of Branch

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 Chennai Port Trust 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 Chennai Port Trust including signing such declaration/confirmation. We also accept that ChPT 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 ChPT about any change by filling up a separate form immediately.

- Enclose:** 1. Copy of PAN Card (For all)
2. Copy of Custom House Registration Certificate
Indicating Code No, License No & Validity
(For C&F Agents Only)
3. Registration Certificate of Chennai Port Trust.
(For Steamer Agent & C&F Agents)

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

Date:

Confirmation from Bank with sign and seal

To be furnished over the Letterhead of the Company/Firm]

[Submit three copies all in Original]

CUSTOMER REGISTRATION FORM
CHENNAI PORT TRUST
DETAILS OF AUTHORISED SIGNATORIES

Name of Company:

I. CONTACT PERSONS:

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:

Encloses: **Copy of Power of Attorney of the signatory.**