PRE-PAYMENT REGISTRATION FORM

Port of _____

Type of Account: ☐ **Importer** ☐ **Exporter**		
Tax Identification Number (TIN):	**Account No:**	
Company Name:		
Office Address:		
Contact Person:	**Position:**	
Email Address:	**Tel No/ Mobile No.**	
Submitted by:	**Account Registered by :**	
(Signature Over Printed Name)	***(Chief, Collection Division)***	