



# Customer Registration Form

## 1 Company Name: -

◆ Group (Govt, Semi Govt, Corporate, Others)

---

◆ Company Reg. & Date

---

◆ Registration No. & Place

---

◆ Permanent Account No

---

◆ Tax Deduction Account No

---

◆ Service Tax No

---

◆ Local Address

---

Phone / Fax No

---

E-mail Id

---

◆ Head Office Address

---

Phone / Fax No

---

E-mail Id

---

## 2 Details of Representative:

### (A) Operations

---

(a) Name of Person

---

Designation

---

Direct Contact No.

---

E-mail Id

---

(b) Name of Person

---

Designation

---

Direct Contact No.

---

E-mail Id

---

### (B) Finance

(a) Name of Person

---

Designation

---

Direct Contact No.

---

E-mail Id

---

(b) Name of Person \_\_\_\_\_  
Designation \_\_\_\_\_  
Direct Contact No. \_\_\_\_\_  
E-mail Id \_\_\_\_\_

**(C) IT Department**

(a) Name of Person \_\_\_\_\_  
Designation \_\_\_\_\_  
Direct Contact No. \_\_\_\_\_  
E-mail Id \_\_\_\_\_

(b) Name of Person \_\_\_\_\_  
Designation \_\_\_\_\_  
Direct Contact No. \_\_\_\_\_  
E-mail Id \_\_\_\_\_

**3 Name of Principal Line** \_\_\_\_\_

**4 Country of Principal Line** \_\_\_\_\_

**5 Estimated Volume at APPL (MLY)** \_\_\_\_\_

**6 Type of Operation: [Please (v) 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 |

**7** If Main Line Operator, details of Vessel & Services: (In case not applicable, please ignore)

<b>Name of the Vessel</b>	<b>Name of Service</b>
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____

8 **APPL account Code:-**

Code Applied for : \_\_\_\_\_

EDI Code : \_\_\_\_\_

Code Allotted by APPL : \_\_\_\_\_

Account No. Allotted by APPL : \_\_\_\_\_

9 **Initial Deposit towards THC** : \_\_\_\_\_

10 **Company Bank Detail & A/c No.** : \_\_\_\_\_

Bank Name : \_\_\_\_\_

Branch : \_\_\_\_\_

Credit Account No. : \_\_\_\_\_

IFSC Code : \_\_\_\_\_

SWIFT Code : \_\_\_\_\_

MICR Code : \_\_\_\_\_

11 Declaration:

We endures the following documents for your records & accept the below procedures:

Photocopies of Agreement with Principal, Certificate of Incorporation issued by ROC, Memorandum & Article of Association of company. ( Or whatever is applicable)

We hereby accept to follow the Standard Operating Procedure lay down by APPL operations. In case of any change in SOP, the same will be updated in the morning meeting & we abide to follow the same.

We hereby accept to maintain an Initial Advance kept with APPL against billing. In case of default, APPL will have the every right to HOLD on the Import / Export Cargo or dispose off the Cargo or their contents until all our dues are paid.

In case of increase in volume, we agree to increase the advance towards stevedoring charges (THC) & other ancillary charges.

For a main line operator -- In order to facilitate operations by the feeder operator, APPL may have arrangements to invoice & collect the charges directly. However, in event of default from feeder operator, we confirm that we shall be liable to compensate APPL for any loss arising from non-payment of such dues and acknowledge APPL's rights to set off such dues from the balance lying in our account.

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 ANGRE PORT PVT LTD 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 ANGRE PORT PVT LTD including signing such declaration/confirmation. We also accept that APPL 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 APPL about any change by filling up a separate form immediately.

**Enclosed:**

1. Copy of PAN Card (For all)
2. Copy of Custom House Registration
3. Certificate Indicating Code No, License No & Validity (For C&F Agents Only)

**Note:**

For any type of remittance or payment, the DD/Pay order should be in name of:

**Angre Port Pvt. Ltd.**

For remittance the Bank A/c Details are as under:

**Bank Name** : **BANK OF MAHARASHTRA**  
**Branch** : **JAIGAD Branch**  
**Credit Account No.** : **0000060093019551**  
**RTGS/NEFT Code** : **MAHB000283**

**M/S ANGRE PORT PRIVATE LIMITED**

AT, SANDE LAVGAN, PO: JAIGAD,  
TAL – DIST RATNAGIRI,  
Maharashtra, I N D I A  
PIN CODE:- 415614  
TEL: 02357-242491/92/95/96/97/98 FAX: 02357242494

**Registered Office:**

**Angre Port Private Limited**  
PLOT NO C-221 , MIDC,  
(Behind Finolex Academy of Management & Technology)  
MIRJOLE, RATNAGIRI  
PIN CODE: 415612  
Maharashtra, I N D I A

◆ Shipping Agent/ CHA /Stevedore Representative:-

Sign : \_\_\_\_\_  
Date : \_\_\_\_\_  
Name & Designation : \_\_\_\_\_  
Company Stamp :

◆ APPROVALS (For APPL use only): -

Approval by Operation Manager

Sign : \_\_\_\_\_

Date : \_\_\_\_\_

Comment : \_\_\_\_\_

Approval by Finance Manager

Sign : \_\_\_\_\_

Date : \_\_\_\_\_

Comment : \_\_\_\_\_

Approval by IT Manager

Sign : \_\_\_\_\_

Date : \_\_\_\_\_

Comment : \_\_\_\_\_

Approval by CEO

Sign : \_\_\_\_\_

Date : \_\_\_\_\_

Comment : \_\_\_\_\_

**Customer ID / Ref No** : \_\_\_\_\_

Remarks:-