



Registration of Port Users

Application for <i>(Tick appropriate field)</i>							
<input type="checkbox"/>	New Registration	<input type="checkbox"/>	Annual Renewal	<input type="checkbox"/>	Change of Details	<input type="checkbox"/>	Office requirement
Partner Type <i>(Tick appropriate field)</i>							
<input type="checkbox"/>		Shipping agency		<input type="checkbox"/>		Tour operator	
<input type="checkbox"/>		Trucking Company		<input type="checkbox"/>		Bus / Taxi operating company	
<input type="checkbox"/>		Ship chandlers		<input type="checkbox"/>		Consignee / Consignor	
<input type="checkbox"/>		Logistic supply providers		<input type="checkbox"/>		Other service provider	
General Information							
Short Name							
Company name as per commercial registration							
Registration No. (Oman Chamber of comers)							
Name of Owner / Representative							
Tel No.		Fax No		Mob			
e-mail address							
Business Address							
Web Address (if any)							
Person in Charge (focal point of contact)							
Name							
Tel No.		Fax No		Mob			
e-mail address							
Bank Account details							
A/C No							
Name of Bank & Branch							
Office use only							
Agency code							