

**SUBSCRIBER – ACCOUNT REGISTRATION FORM**

Ref: ACCT-REG

System: **CNP, TEPS, TN PHASE III DECLARATION (FRONT END), WEBBOE, PDMS, TN Phase III-FS, TN Phase III -FM, TN Phase VI, FOTS, MCCI, TRADELINK, WMS, EAR, TRANSHIPMENT**

Please specify system from the above list. \_\_\_\_\_

**1. SUBSCRIBER DETAILS**

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Company BRN: \_\_\_\_\_

Declarant Code\*: \_\_\_\_\_ WMS Code\*: \_\_\_\_\_

*\*Declarant code field to be completed for TN PHASE III DECLARATION (WEBBOE & FRONT END) and WMS Code field to be completed for Warehouse Management System.*VAT Registered: ☐ YES ☐ NO VAT Registration No: \_\_\_\_\_Would you like your invoices to be emailed: ☐ YES ☐ NO Billing Email: \_\_\_\_\_

Billing contact person: \_\_\_\_\_

**2. AUTHORISED SIGNATORIES - CONTACT PERSONS****2.1 MAIN CONTACT PERSON**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**2.2 ALTERNATE CONTACT PERSON**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**3. ADMINISTRATOR AND USERS****3.1 SYSTEM ADMINISTRATOR \* *To be completed for CNP, TEPS, TN PHASE III DECLARATION -WEBBOE only.***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**3.2 GENERAL USER (1)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**3.3 GENERAL USER (2)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Please provide ONLY email address created for you by your employer. We strongly recommend that you do NOT provide email addresses used by a group, or created by yourself for your personal use, such as under Gmail, Yahoo, Hotmail, etc. Using your personal email presents security risks to the company/business information, and personal email accounts may not be covered by your company's security policies.

**4. I CERTIFY THAT ALL THE ABOVE INFORMATION GIVEN ARE CORRECT AND TRUE**

First Name: \_\_\_\_\_

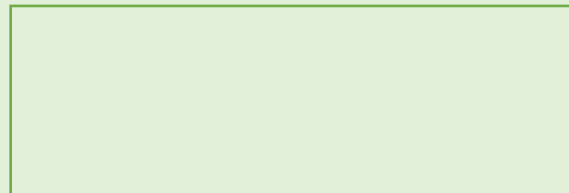
Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Official seal

**Notes:**

- Section 2.1 and Section 4 must be completed by the Director, Partner, Owner, or Proprietor only.
- Please submit a copy of VAT/ BRN certificate if applicable.
- The signed form must not be dated more than 14 days.
- Login credentials will be sent to the system administrator and users for the above services and to the main contact person for TN PHASE III DECLARATION (FRONT END).
- The System Administrator is responsible for giving access rights to all users.
- All correspondence will be addressed to authorised signatories only.
- Any future change request must be authorised by the main /alternate signatories only.

I have read and acknowledge the [Privacy Notice](#) and I understand that all personal data shall be collected and processed in accordance with the Data Protection Act 2017