

Pre-Payment Account Application Form

NAME AND ADDRESS OF THE BUSINESS (BLOCK LETTERS)										T.I.N REGISTRATION NUMBER										
.....										<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
										Tick the appropriate box.										
															Importer					
															Clearing Agent / Broker					
Office Tel No.										Mobile No.										
Fax No.										Email address										
Name and designation of the person(s) authorized to request for creation of a Pre-Payment Account.																				
Name and designation															Signature					
1.																				
2.																				
Pre-payment Account Number															Date of Registration					
														 / /					
Application authorized by:																				
FOR OFFICIAL USE ONLY	Name										Designation									
	Sign										Date				 / /				
	Account created by:																			
	Name										Date account created				 / /				
	Sign																			