



**AIR NAVIGATION ACT (CHAPTER 6)
AIR NAVIGATION (REGULATED AIR CARGO AGENTS AND KNOWN
CONSIGNORS) REGULATIONS 2017**

APPLICATION FORM FOR REGISTRATION TO BE A KNOWN CONSIGNOR

PART I – PARTICULARS OF APPLICANT		
(Applicant must be the owner, partner, manager or director of the company whose name shall appear in the ACRA business profile)		
Name		NRIC/ FIN No./ Foreign Passport No.
Citizenship	Appointment	Contact No. (Office)
Email Address		Contact No. (Mobile)
PART II – PARTICULARS OF REGISTERED COMPANY/ BUSINESS/ LIMITED LIABILITY PARTNERSHIP		
(please obtain a copy of the company's business profile from ACRA and enclose it with this form)		
Name of Registered Company/ Business/ Limited Liability Partnership	Unique Entity No.	
Address of Registered Company/ Business/ Limited Liability Partnership	Company Contact No.	Fax No.
Mailing Address (if different from registered address)	Type of Company / Business (Pls DELETE as applicable) Sole Proprietorship / Partnership / Limited Liability Partnership / Company	
Company's industry-recognised Security Certification (Pls DELETE as applicable and enclose a copy of the original certification) C-TPAT Tier 2 / C-TPAT Tier 3 / STP / STP Plus / TACSS Level 1 / Nil	Security Certification Validity Period:	
PART III – PARTICULARS OF SECURITY MANAGER		
Name of Company's Decision Maker for Security Matters		Contact No. (Office)
Email Address		Contact No. (Mobile)
Name of Company's Security Manager		Contact No. (Office)

Email Address	Contact No. (Mobile)
Name of Company's Assistant Security Manager	Contact No. (Office)
Email Address	Contact No. (Mobile)

PART IV – PARTICULARS OF ESTABLISHMENT

Establishment refers to the consignor's premises where consignments are manufactured, packed and stored. Consignor who has more than 1 such premises shall enter details of each of the establishment.

(1)	Name of Establishment	Address of Premises
(2)	Name of Establishment	Address of Premises
(3)	Name of Establishment	Address of Premises
(4)	Name of Establishment	Address of Premises
(5)	Name of Establishment	Address of Premises
(6)	Name of Establishment	Address of Premises
(7)	Name of Establishment	Address of Premises

PART IV – DECLARATION

I declare that all the information given in this application is true and correct to the best of my knowledge.

Signature of Applicant & Date