

AIR NAVIGATION ACT 1966 AIR NAVIGATION (REGULATED AIR CARGO AGENTS & KNOWN CONSIGNORS) REGULATIONS 2017

APPLICATION FORM FOR REGISTRATION TO BE A REGULATED AIR CARGO AGENT

PART I – PARTICULARS OF APPLICANT ¹								
Name					NRIC/ FI	N No.	Foreign Passport No.	
Date of Birth Citizenship				A		nent		
Contact No. (Pager/ Mobile/ Home/ Office No.) Email A				ddress				
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					Contact	No.	Fax No.	
Mailing Address (if different from registered address)					Type of Company/ Business ²			
Company's Certification – (e.g. STP/STP Plus, TACSS Level 1, C-TPAT Tier 2 or 3)								
PART III – PARTICULARS OF ESTABLISHMENT ³								
(1)	Name of Establishment			Address of Premises				
	Name of Principal Officer Responsible for Secur Matters		curity	Contact No.		Email Address		
	Name of Alternate Officer Responsible for Security Matters		curity	Contact No.		Email Address		
(2)	Name of Establishment		Address of Premises					
	Name of Principal Officer Responsible for Secur Matters		curity	Contact No.		Email Address		
	Name of Alternate Officer F Matters	Responsible for Se	curity	Contact No.		Email Addr	ess	

¹ Applicant must be the owner, partner, manager or director of the company whose name shall appear in the ACRA business profile

² Type of Company/Business refers to whether the business is a sole proprietorship, partnership, limited liability partnership or a company.

³ Establishment refers to the cargo agent's premises where consignments are received, processed, screened and stored. Cargo agent who has more than 1 such premise shall enter details of each of the establishment.

(3)	Name of Establishment	Address of Premises						
	Name of Principal Officer Responsible for Security Matters	Contact No.	Email Address					
	Name of Alternate Officer Responsible for Security Matters	Contact No.	Email Address					
(4)	Name of Establishment	Address of Premises						
	Name of Principal Officer Responsible for Security Matters	Contact No.	Email Address					
	Name of Alternate Officer Responsible for Security Matters	Contact No.	Email Address					
(5)	Name of Establishment	Address of Premises						
	Name of Principal Officer Responsible for Security Matters	Contact No.	Email Address					
	Name of Alternate Officer Responsible for Security Matters	Contact No.	Email Address					
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					

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