

## KUCHING PORT AUTHORITY TRADEGATEWAY PORTAL REGISTRATION FORM

1. Company Information				
Company Name:				
Company Registration No.:	Debtor Code:	Office To	el. and Fax No.	
Company Address:				
Dill. A 11				
Billing Address:				
2. Company Administrator's Information				
Title: ☐Mr ☐Mrs ☐Mdm ☐Miss		Position:		
First Name:		Last Name:		
I.C. No.:	Office Tel. No:		Mobile Phone No.:	
Email Address:				
Email Address:				
Contact Address:				
Contact / Iddiess.				

Note: <u>Company Administrator's role</u> (Only 1 company administrator for each company):

- 1. to administer the normal user for your company, i.e.to add or remove normal user when there is staff movement in the company;
- 2. to renew the access for the normal user;
- 3. to reset the login for the normal user in case it was blocked and etc.

3. 1 <sup>st</sup> Normal User's Information				
Title: □Mr □Mrs □Mdm □Miss		Position:		
First Name:		Last Name:		
I.C. No.:	Office Tel. No:		Mobile Phone No.:	
E '1 A 11				
Email Address:				
Contact Address:				
Contact Address.				
Note: Normal User's role (Only 3 no			SA), Inward and Outward Manifest;	
2. to track the container move.	ment;	•	5A), Inwara ana Outwara Manijest,	
3. to make enquiry related to a	lebtor's account an	d etc.		
_ ·		ss provided is v	valid as it will be used as the	
login username for the portal.				
	4. De	eclaration		
1. I declare that all information p			•	
<ol><li>I confirm and acknowledge that KPA shall have the absolute right to approve or reject my application without having to disclose any reasons whatsoever.</li></ol>				
3. I understand that only one (1) Company Administrator and three (3) Normal Users are allowed for each company and I shall write in to KPA if additional users are required.				
. I acknowledge that charges may apply for the additional users at KPA's discretion.				
	I understand that it is our responsibility to provide complete and reliable information in the portal. KPA has the rights to reject our online submission should the information is found incomplete or not reliable.			
6. I acknowledge and agree that without prior notification.	KPA has the right	ts to revise the abo	we terms and conditions at any time	
		(	Company's Stamp	
Signature:				
Name:				
Designation:			Date:	

For Office Use			
Approved by:	Processed by:		
	·		
Signature:	Signature:		
Name &	Name &		
Designation:	Designation:		
Date:	Date:		

## **Instructions:**

- 1. Please complete the registration form accordingly (with original company stamp at the 4. Declaration column).
- 2. You may submit the completed form through:
  - a) Revenue Section at 3<sup>rd</sup> floor of POB, Pending Terminal; OR
  - b) scan the completed form as PDF and email to Ms. Tay (IT Officer) at <a href="mailto:ito@kuport.com.my">ito@kuport.com.my</a> for further processing.