Registration Form for SEZ at JNPCT

(The below format should be submitted along with covering letter of the agency)

1.	Company Details :			
	Company Name	:		
	Registration No.	:		
	Registration Place.	:		
	Company Reg. Date	:		
	Local Address	:		
	PAN	: TAN :		
	Phone/Fax No.	:		
	Email ID	:		
	Head Office Address	:		
	Phone/ Fax No.	:		
	Email ID	:		
2. <u>Details of Authorized Representatives (Management level)</u> :				
i) Name of person :				
	Designation	:		
	Mobile No.	:		
	Email Id	:		
	ii) Name of person	n :		
	Designation	:		
	Mobile No.	:		
	Email Id	:		

4.	Whether already registered at JNPCT on behalf of any other Agency: Yes / No If yes, code allotted:		
5.	Estimated Volume expected to be handled at JNPCT : TEUs/month. No of Tractor trailers to be deployed :		
6.			
7.	If Tractor trailers are contracted, give the details of the Transporter. :		
10.	Whether you intend to carry dedicated cargo for a particular shipping line bound to a particular port terminal at JN Port (Yes/No):		
12.	Enclosures: We enclose the following self-attested true copies for your records:		
	 Self-attested copy of Notification of SEZ Self-attested copy of Letter of Approval issued by SEZ Self-attested copy of Bond cum Legal undertaking issued to Customs/ Concerned authorities for SEZ unit. Acknowledgement given by Customs/Concerned authority for acceptance of Bond. Self-attested copy of PAN Card of company. Self-attested copy of GST certificate 		
1.	Declaration:		
•	We hereby accept to follow the Standard Operating Procedure (SOP) laid down by JNPCT operations. In Case of any change in SOP, we abide to follow the same.		
•	In case of default, JNPT will have every right to HOLD on the Import/Expor Containers carried by us till such time all our dues are paid or dispose off the container and their contents as compensation.		
•	If any new transporter intend to bring to the port, we shall submit all relevant document like TT profile and particulars		
•	We undertake to submit the renewal copy of aforesaid enclosures from time to time.		
•	Signature of SEZ Operator Representative :-		
	Sign :		

Date

Name & Designation	:
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