

**AIR NAVIGATION ACT
(CHAPTER 6)
AIR NAVIGATION (REGULATED AIR CARGO AGENTS) ORDER 2008**

**APPLICATION FORM
FOR REGISTRATION TO BE A REGULATED AIR CARGO AGENT**

PART I – PARTICULARS OF APPLICANT¹			
Name		NRIC/ FIN No.	Foreign Passport No.
Date of Birth	Nationality	Appointment	
Contact No. (Pager/ Mobile/ Home/ Office No.)		Email Address	
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, TAPA Cat A or B, C-TPAT Tier 2 or 3)			
PART III – PARTICULARS OF ESTABLISHMENT³			
(1)	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
(2)	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

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 premises 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.			
_____		_____	
Date		Signature of Applicant	