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Revenue House  
Singapore 307987  
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## NA (CWC) LICENSEE CONTACT INFORMATION

This form may take you 10 minutes to fill in. You will need to fill in the following information:

- Details of Company/ Organisation
- Details of Licence Applicant
- Details of Alternative Personnel

\*Delete as appropriate

### SECTION A: COMPANY / ORGANISATION DETAILS

(1) Company / Organisation Name:

(2) Unique Entity Number (UEN):

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(3) Company / Organisation Address:

(4) Nature / Type of Business:

### SECTION B: LICENCE APPLICANT DETAILS

(5) Name of Applicant: (Dr/Mr/Ms/Mrs/Mdm)\*

(6) Designation:

(7) Citizenship: (Please indicate accordingly)

Singaporean  PR  Others (Please specify nationality):

(8) NRIC No./Passport No.:

(9) Contact No.:

(10) Fax No.:

(11) E-mail Address:

(12) Please indicate the documents submitted:

- Letter of Appointment of Contact Person  NRIC/Passport of Contact Person  
 Others (Please specify):

(13) I, \_\_\_\_\_ NRIC No./ Passport No. \_\_\_\_\_  
(Name of Applicant)

representing \_\_\_\_\_ hereby declare that  
(Company / Organisation Name)

- a) I have read and understood the terms and conditions for the NA(CWC) Licence;  
b) I have ensured that all information given in this form are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Company Stamp

SECTION C: DETAILS OF ALTERNATIVE PERSONNEL TO CONTACT		
(14) Alternative Personnel: (Dr/Mr/Ms/Mrs/Mdm)*	(15) Designation:	
(16) Citizenship: (Please indicate accordingly) Singaporean <input type="checkbox"/> PR <input type="checkbox"/> Others (Please specify nationality):		(17) NRIC No./Passport No.:
(18) Contact No.:	(19) Fax No.:	(20) E-mail Address:
(21) Please indicate the documents submitted: <input type="checkbox"/> Letter of Appointment of Contact Person <input type="checkbox"/> NRIC/ Passport of Contact Person <input type="checkbox"/> Others (Please specify):		
(22) I, _____ NRIC No./ Passport No. _____ (Name of Applicant)		
representing _____ hereby declare that (Company/ Organisation Name)		
a) I have read and understood the terms and conditions for the NA(CWC) Licence;		
b) I have ensured that all information given in this form are true and correct.		
_____	_____	_____
Signature of Applicant	Date (dd/mm/yyyy)	Company Stamp