



Singapore Customs,
55 Newton Road #07-02,
Revenue House
Singapore 307987
Tel No. : 6775 5137
Email: customs_nacwc@customs.gov.sg

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): |
| | |

(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) | (8) NRIC No./Passport No.: |
| Singaporean <input type="checkbox"/> PR <input type="checkbox"/> Others (Please specify nationality): | |

| | | |
|------------------|---------------|----------------------|
| (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 the information given in this form is true and correct.

Signature of Applicant

Date (dd/mm/yyyy)

SECTION C: DETAILS OF ALTERNATIVE PERSONNEL TO CONTACT

(14) Alternative Personnel: (Dr/Mr/Ms/Mrs/Mdm)*

(15) Designation:

(16) Citizenship: (Please indicate accordingly)

Singaporean PR 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:

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

(22) I, _____ NRIC No./ Passport No. _____

(Name of Applicant)

representing _____

(Company/ Organisation Name)

hereby declare that

a) I have read and understood the terms and conditions for the NA(CWC) Licence;

b) I have ensured that the information given in this form is true and correct.

Signature of Applicant_____
Date (dd/mm/yyyy)