# CHITTAGONG PORT AUTHORITY

## Electrical Department | Terminal Operating System (TOS)

### APPLICATION FORM FOR TOS USER ID & PASSWORD

### (A) Organization Information

| | | | |
|---|---|---|---|
| **Organization Name** | | | |
| **Business Type (Please tick the appropriate box)** | [ ] Shipping Agent [ ] Mainline Operator [ ] Freight Forwarder<br>[ ] C&F Agent [ ] Off-Dock [ ] Terminal Operator [ ] Berth Operator | | |
| **Custom License No.** | | **Port Enlistment No.** | |
| **Trade License No.** | | | |
| **Office Address** | | | |

### (B) Owner's Information

| | | | |
|---|---|---|---|
| **Owner's Name** | | | |
| **Organizational Designation** | | **Port ID No.** | |
| **National ID (NID) No.** | | | |
| **Mobile No.** | | **Email Address** | |

### (C) TOS User's Information

| | | | |
|---|---|---|---|
| **User's Name** | | | |
| **Organizational Designation** | | **Port ID No.** | |
| **National ID (NID) No.** | | | |
| **Mobile No.** | | **Email Address** | |

### (D) Required Attachment Documents (Attested Photocopy)

| | | | |
|---|---|---|---|
| [ ] Custom License | [ ] Owner's NID Card | [ ] Port Enlistment Certificate | [ ] Owner's Port ID |
| [ ] Valid Trade License | [ ] User's NID Card | [ ] User's Port ID | |

**Declaration:** *I hereby certify that the information provided above is true, accurate, and complete. I understand that any access credentials provided under this application are strictly confidential and intended solely for official port operations.*

_____
**Applicant's Signature**
Date: ____/____/20___

_____
**Authorized Signature**
Owner / Managing Director
(With Official Seal)

_____
**Departmental Head/Deputy Departmental Head**
Concerned Department of CPA
(With Official Seal)

**NB: Please change the default password instantly.**