

i-TAP USER REGISTRATION FORM – CONVENTIONAL OPERATIONS

Website Address: <https://itap.westports.com.my>

1. Please fill this form in **BLOCK LETTERS**
2. Complete form to be e-mailed to itap_support@Westports.com.my / csc@westports.com.my

ACCESS REQUESTED: Please tick (✓)

☐ **Private Operator Gate Pass**

☐ **Split Account**

☐ **IID/IED (Import and Export Document)**

☐ **Service Voucher (Ancillary Services)**

☐ **Customs Screen**

☐ **Tally Sheet**

COMPANY DETAILS

Company Name (With registration no.)	
Company Address	
Ledger Account	
Nature of Business	<input type="checkbox"/> Shipping Agent <input type="checkbox"/> Forwarding Agent <input type="checkbox"/> Landed Client <input type="checkbox"/> Others

APPLICANT DETAILS

Name	
Designation	
Telephone / Mobile No	
Fax No.	
Email Address	
HOD/Manager Name	
HOD/Manager Signature	
Date	

REQUEST FOR NEW LOGIN ID

Name of Applicant	
Login ID (Preferred)	(Maximum 10 characters)
Email Address	

Name of Applicant	
Login ID (Preferred)	(Maximum 10 characters)
Email Address	

