PORTS AND TERMINAL OPERATORS (NIG.) LIMITED

AGENCY & CONSIGNEE DATA CAPTURE FORM

Business Development & Marketing | Master Data Capture

Document Ref: PTOL/BDM/FRM/017

Registration type: ☐ Agency ☐ Consignee ☐ Both **Record action:** ☐ New ☐ Update

*Please complete this form accurately using the registered legal name and current contact details. Fields marked * are mandatory for PTOL data capture.*

1. IDENTIFICATION & TAXATION

Legal Business Name *	
CAC No *	
Tax ID / TIN *	

2. REGISTERED / BUSINESS ADDRESS

Address *	
City *	
State *	
Country *	
LGA	
Postal Code	

3. CONTACT INFORMATION

Email *	
Phone *	

04 DECLARATION & CONFIRMATION

I confirm that the information supplied is accurate and may be used by PTOL for agency/consignee registration, operational documentation, invoicing and payment information.

Name of authorised representative: _____

Designation / organization: _____

Signature: _____

Date: _____

05 FOR PTOL OFFICIAL USE ONLY

Captured by: _____	Date: _____
Verified / approved by: _____	Record status: ☐ Pending ☐ Verified