

APPLICATION FORM FOR THE USER REGISTRATION FOR HEP

- 1. Name of the Company:**
- 2. Direct/Indirect Port User (to be filled in by Traffic Dept.):**
- 3. Associated Department of PPT:**
- 4. Nature of Business:**
SA/CHA/IMPORTER/EXPORTER/CONTRACTOR, ETC
- 5. Registered Address of the Company:**
- 6. Local Address of the Company:**
- 7. Registration No./License No./Contract No.:**
- 8. Registration/License/Contract Valid Upto:**
(Copy to be attached)
- 9. PAN No. of the Company:**
- 10. Name of the Proprietor/Owner/CEO/MD:**
- 11. E-Mail ID of the Proprietor/Owner/CEO/MD:**
- 12. Total strength of Employee of the Company (Optional):**
- 13. Name & Designation of Authorize Signatory1:** **Specimen Signature:**
- 14. Name & Designation of Authorize Signatory2:** **Specimen Signature:**
- 15. List of Permanent Staff attached :**
(In case of Permanent HEP required)
- 16. Any Other Information (If Any):**

Details of Employees: (Optional)

SL.NO.	EMPLOYEE NAME	DESIGNATION	EMPLOYEE ID	DoB	BI.GR.	PF NO.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

(In case of more numbers, details to be furnished in additional sheets)

We affirm that the particulars given above are true to the best of our knowledge and belief.

We agree to furnish any other information/ produce any record for inspection as may be required to consider the request for grant of registration.

Signature of the Applicant

Name & Designation with Seal

Date :

Place

FOR OFFICE USE ONLY

PERMITTED FOR REGISTRATION WITH UNIQUE CODE: _____

Recommended By (Controlling Authority of PPT)

Verified by Traffic Clerk

Name & Designation with Seal

Name & Designation with Seal