

**ORGANIZATION DETAILS**

**Organization Name:**

**Commercial Registration Number:**

**Expiry Date (CR):**

**Address:**

**Country:**

**Name of Organization Head:**

**Designation of organization head:**

**Email address 1:**

**Email address 2:**

**Contact number 1:**

**Contact number 2:**

**Finance Type:**

Online Payment

Exempted

**Type of business associated with KBSP/APMT:**

# ORGANIZATION REGISTRATION FORM – PORT USERS

**AUTHORIZED PERSON DETAILS**

S	Name (First, Middle last Name)	CPR Number	CPR Expiry Date	Nationality	Passport Number	Passport Expiry Date	Job Tittle	Email	Mobile and Phone Number

**Documents Required:**

- CR copy
- CPR from both side and Passport copy for authorized person.

**Note:**

- All documents required should be scanned and send along with the form.