



Application Form for Client Accreditation Program

DATE: / /

Company Name: _____	Customs Code: _____
Type of Activities: _____	

Type of existing Guarantee: <input type="checkbox"/> Self (Company) No.: _____ <input type="checkbox"/> CDR Account No.: _____ <input type="checkbox"/> Standing Account No.: _____	Trade License No.: _____ Issue date: / / Expiry date: / / Licensing Authority: _____
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<u>Required Document for ACP:</u> 1. Trade License 2. Applicant ID
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I have been authorized to sign this application on behalf of the company, and I acknowledge and undertake that all information mentioned and the documents submitted are true and we are aware that our company will undergo an audit process by Dubai Customs initially and in future in order to insure compliance with their requirements.

Signature of applicant: Name: _____ Title: _____	Stamp
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How did you come to know about the Client Accreditation Program? _____
