

Customer Registration form

Dear Valued Customer Thanks for choosing CMA TERMINALS KHALIFA PORT, We appreciate your trust in us and look forward to providing you with exceptional service,
Please take a moment to provide us with your information. Kindly fill in the required fields in the table below to help us serve you better.
Your details are secure and will only be used for the purposes outlined in our privacy policy. Thank you for your cooperation.

(*) Required field

Name *	
Role *	Please pick one of the following options (Line Operator, Agent, Vessel Operator, Customs, Shipper/Consignee, Trucking Company, Others)
Primary Contact Name *	
Primary Contact E-mail *	
Address Line1 *	
City *	
PO Box *	
Country *	
Tel Mobile *	
Tel No 2	
Fax	
Tax ID (TRN) *	
IBAN	
BIC Code	
Invoicing Currency *	

Customer Representative [Company Name]

Customer Representative [Date, Name and Signature]