

INTERNET MARINE ORDERING SERVICES (IMOS) APPLICATION FORM

I HOW TO FILL UP THIS FORM

1. Fill in this form in BLOCK LETTERS
2. Submit your completed form and **a copy of the Business Profile of your company** from the Accounting and Corporate Regulatory Authority (ACRA) to: **Manager (Mission Command Centre)**
 Marine Services
 70 West Coast Ferry Road
 4th Storey
 Singapore 126800
 Fax to (65) **6379 9812 / 9813**
3. A contract (Terms & Conditions of Internet Marine Ordering Services) will be delivered to you on receipt of this application. It must be signed and endorsed within 2 weeks of receipt for the account to the commissioned.
4. For queries on Internet Marine Ordering Services, please e-mail to imosystem@psa.com.sg.

II ADDITIONAL INFORMATION

1. To open a PSA account, please visit <https://www.portnet.com/login>, click "Register" and proceed from thereon. Should you encounter any problem, please contact Helpdesk 6321 1173 for their guidance.

III COMPANY PARTICULARS

Company Name:	
Address:	
UEN Number:	
Company Tel:	
Company Fax:	
Company Email:	
PSA Marine Account No:	
Description of Business:	
Is your company currently a PORTNET® Subscriber? Yes / No	

IV DATA SECURITY ADMINISTRATORS NOMINATION

Please assign TWO Data Security administrators (DSAs) whose designation must be of supervisory status. The DSAs will be the main contact persons for Internet Marine Ordering Services and will be the authorised party to request for the creation and deletion of user logon IDs for your company for the Internet Marine Ordering Services System.

	DSA # 1	DSA #2
Name (<i>Underline Surname</i>):		
Designation:		
Office Tel No.:		
Business Mobile No.:		
Office Email Address:		
Office Fax No.:		
Specimen Signature:		

IMPORTANT: IN THE EVENT ANY PERSONNEL NAMED IN THIS APPLICATION LEAVES THE COMPANY, THE COMPANY MUST INFORM INTERNET MARINE ORDERING SERVICES IMMEDIATELY AND MUST PROVIDE INTERNET MARINE ORDERING SERVICES WITH THE PARTICULARS OF THE REPLACEMENT PERSONNEL.

V SUBMITTED BY:

Name (underline surname):	
Designation:	
Office Tel No.:	Office Fax No.:
Business Mobile No.:	
Office Email Address:	
Company Name:	
Signature:	Date:
Company Stamp:	