

CUMPANY CURRENT REGISTRY FURM		ATAKAŞ LIMAN IŞLETMECILI	
COMPLETE COMPANY TITLE :			DATE
ADDRESS :			/
TAX OFFICE :	TAX ID NO	:	
PHONE NUMBER :	FAX	:	
E-MAIL (OFFICIAL) :	E-MAIL AUTHOR	RITY :	
ACCOUNTING OFFICIALS :			
AUTHORIZED CUSTOMS BROKERAGE COMPANY NAME :			
ADDRESS :			
PHONE NUMBER :	FAX	:	
E-MAIL (OFFICIAL) :	E-MAIL (AUTHORIZ	ZED PERSON) :	
AUTHORIZED PERSON :	AUTHORITY DAT	TE :	
E-INVOICE CUSTOMER	I WANT TO BE REGISTERED AS	AN E-ARCHIVE CUSTOMER	
DOCUMENTS TO BE ATTACHED :	DOCUMENT OF TAX LIABILITY OR COPY OF TAX CERTIFICA	TE	
	COPY OF AUTHORIZED SIGNATURES LIST		
	COPY OF TRADE REGISTRY GAZETTE (FOUNDATION OR CHA	ANGE OF TITLE)	
NAME AND SURNAME :			
COMPANY TITLE :			
SEAL :			
SIGNATURE :			

This Job Request Form can be updated anytime pursuant to the operational requirements of ATAKAŞ LİMAN Administration.

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