



CHITTAGONG PORT AUTHORITY  
Electrical Department  
Terminal Operating System (TOS)

**Application Form for TOS User ID & Password**

**(A) Organization Information**

1. Organization Name:
2. Business Type:  Shipping Agent  Mainline operator  Freight Forwarder  C&F Agent  
 Off-Dock  Terminal operator  Berth operator
3. Custom License No :
4. Port Enlistment No :
5. Trade License No :
6. Office Address :

**(B) Owners Information:**

1. Name :
2. Organizational Designation:
3. NID No :
4. Port ID :
5. Mobile No :
6. e-mail Address :

**(C) TOS User's Information:**

1. Name :
2. Organizational Designation :
3. NID No :
4. Port ID :
5. Mobile No :
6. e-mail Address :

Authorized Signature  
(With Seal & Designation)

**Attachment Documents (Photocopy):**

- i) Custom License
- ii) Port Enlistment
- iii) Trade License
- iv) Owner NID
- v) Owner Port ID
- vi) User's NID
- vii) User's Port ID