



RMI Customs Division ASYCUDA Internal User Registration

ASYCUDA
Automated System for Customs Data

Internal User Details.			
Please attach a copy of <u>one</u> of the following of the User: Office Id/ Passport Bio data/ National ID.			
Name			
Address			
Job Title			
Office Phone		Mobile	
Email address			
Name of the Division/Ministry			
Office ID No / SSN #			
Remarks:			

Login Details:	
User Name	
Office	
Customer Account Reference	
Access Level	
Amendment Officer	<input type="checkbox"/>
eDocument View	<input type="checkbox"/>
Release Order Officer	<input type="checkbox"/>
Payment Officer	<input type="checkbox"/>
Exit Note Officer	<input type="checkbox"/>
Cancellation Officer	<input type="checkbox"/>
Assessment Officer	<input type="checkbox"/>
Customs Officers	<input type="checkbox"/>
Payment Officer	<input type="checkbox"/>
Customs Officers - Admin	<input type="checkbox"/>
Reference Data Management	<input type="checkbox"/>
Selectivity Officer	<input type="checkbox"/>
Key-in Officer	<input type="checkbox"/>
Examination Officer	<input type="checkbox"/>
Treasury Cashier	<input type="checkbox"/>
Other (Please specify)	



RMI Customs Division
ASYCUDA Internal User Registration



Agree not to divulge the user credentials issued by the RMI Customs to any third party or other individuals of the same entity.

Agree not to mishandle the ASYCUDA system in any manner that may cause the system to become dysfunctional; with or without the intent of committing any fraud or due to negligence.

I certify that the details given above are true and correct to the best of my knowledge and hereby undertake to inform the RMI Customs of any changes immediately.

Applicant Signature _____ Date ___/___/___

Authorization Person Details
Name of authorized person _____
Designation/Title _____
I confirm that the above-mentioned user is authorised to access the ASYCUDA system and process documents on behalf of the company given above. I understand that a failure to provide true and correct information could lead to the denial of this application.
Signature _____ Date ___/___/___

OFFICIAL USE ONLY	
Remarks / Comments:	-----
	Officer System Update Name: Date: