



SABAHPORTS
YOUR PORTS OF PREFERENCE

SABAH PORTS SDN. BHD.
QMS Documentation

Doc. No.:
SOP19/RFCP

Rev. No.:
0

Title:

**REGISTRATION FORM
FOR SPSB CUSTOMER PORTAL**

Effective Date:
01 May 2016

Page No.:
19/9.13

1) REQUEST TYPE

Request for : New Registration Information Update

Port Access : SC SB KK SK LD TW KD KN All
Ports

** Please tick ✓ the appropriate boxes accordingly*

2) COMPANY INFO

Company Name : _____
Company Address : _____
Account Code : _____

3) CONTACT PERSON

Full Name : _____
Email : _____ @ _____
Identity Card No. : _____
Contact Number : _____

I hereby declare all information provided on this form is true and correct.

(_____)
Date : _____

Company stamp : _____

4) TO BE FILLED BY SPSB

Submitted by : _____
(_____)
Date : _____

Verified by: (FINANCE)
_____ (_____)
Date : _____

Approve to proceed: (IT)
_____ (_____)
Date : _____

Action :

Action By : _____ Date : _____