

TRUCK APPOINTMENT SYSTEM (TAS) REGISTRATION FORM

COMPANY NAME:

COMPANY ADDRESS:

E-MAIL ADDRESS:

AGENT's NAME	PHONE NUMBER	SIGNATURE	TAS USER ID

Authorized Name & Signature:

Phone Number:

Date:

Please e-mail completed forms to: APPAPMTTAS@apmterminals.com or deliver to APM Terminals Apapa Limited, Container Terminal, NPA Wharf Road, Apapa, Lagos.