

DP World
Adelaide Pty Ltd
 ABN 24 004 898 828

PO Box 207
 Port Adelaide BC SA 5015
 Phone: 08 8248 9304
 Fax: 08 8248 9379

Pre-Receipt Advice Registration Form

Registered Name of Exporter/User:			
Registered ABN:			
Registered Address of Exporter/User:			
PO Box Address:			
Tel:	Fax:		
Mobile:	Email:		
<p>Please indicate if you are:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">Exporter</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Freight Forwarder</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Shipping Line</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Other</div> </div> <p>Please circle only one of the above categories.</p>			
	1-Stop Code:		
	Estimated number of PRA transactions per annum:		
	Estimated number of containers transacted through DP World on annual basis:		
	Preferred method of PRA lodgement <i>e.g. will you be using the DP Web Interface or will you be using EDIFACT (IFTERA v.5.4) messaging?</i> :		
<p>Please complete & save this registration form then forward to vbsclerk.adelaide@dpworld.com and we will set up your user account and we will email your account details by return.</p>			
Please nominate your preferred username and password (4-10 alpha/numeric).			
Username	Password:		
Please Note: If you are an existing shipping line Web Access user you automatically have access to this system with the same login/username details as your Web Access account.			
<p><u>Declaration:</u> We understand that my username and password are the responsibility of the undersigned and it is up to the nominated company on this form to maintain and secure this password and advise DP World in writing should the user no longer require access. We certify that we have not applied for registration under any other company name and that all information is correct.</p>			
Signature of Company Representative: _____		Name: _____	
Company Name: _____		Date: _____	