

Application for Destin8 Service

Please complete the following to enable your requirements to be fully evaluated. **It is important this form is completed in full as any omitted information may delay the processing of your application.** The form can be completed direct in Acrobat but will need to be signed and posted. Please do not hesitate to contact us with any questions.

with any questions.								
Company Details - Comp	any Na	me:						
Full address of office to be connected:								
EORI/VAT number:					Website	e:		
Company Reg Number:					Destin8	Connection Date	e:	
Company Email:					Company Fax No:			
Company Tel Nos: (departments/offices, not individuals as will be available to all Destin8 users)	1. 2.							
Contact name:								
Position:	Contact Tel No:					Tel No:		
Customer System Details	5							
Email print output (please stat preferred email address):	e							
Destin8 Communications	5							
Memorable Text:	Yes [No 🗆	Register	ed IP addı	ress:		(for firewall configuration if Memorable Text NO)	
Accounts Details								
Full invoice Address:								
Invoice Email Address:						Detailed Break	down TXT 🗌 or CSV 🗌	
Full Statement Address:								
Statement Email Address:								
Full Name & Address of Bank/Building Society:								
Account details:	Accou	nt No:			So	rt Code:		
Payment will be made by:	Direct	Debit			Ba	nk Transfer		

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	Miscellaneous				
	Do you have an associate company with a Destin8 line?	Yes N	o 🗌		
	If yes, please detail:				
	Is your company (please	Shipping Line/A	gent 🗌 Wharfinge	er 🗌 Freight Forwar	der 🗌 Haulier 🗌
mark box with X):		ERTS/ICD Opera	ator ICS Only	Exporter Only	□ NIS □ CFSP □
	Other (please specify)				
	Please detail the use you will	be making of Desti	n8 e.g. number/type	e of entries and/or ass	sociated transactions:
	Destin8 Ports you anticipate e	exporting from:			
	Aberdeen	Chatham	Coatbridge	Felixstowe	Grangemouth
	Greenock Harwich	Hull 🗌	Immingham 🗌	Ipswich 🗌	Liverpool
	Sheerness	Thamesport [] Tilbury 🗌	Tyne & Blythe 🗌	
	Please note that, in order to all passed on to those ports/termi invoice address).				
	I confirm that I am an authoris to be bound by the Terms and				
	Signature:		Date:		
	Name (BLOCK CAPITALS):				
	Position:				
	Please return original to:				
	MCP Plc The Chapel Maybush Lane Felixstowe IP11 7LL				