



Port Authority of Genoa
EPORT registration request form

The undersigned _____
Born in _____
Resident in (city) _____ at address _____
in the position of _____ for the company _____

Requests

*the release of the access data for the use of the online service, EPORT, of the Genoa Port Authority.
For this end the following information is requested:*

Company information

Business name _____ VAT identification number: _____
Address _____ Postal code _____
Tel. _____ Fax _____

Representative

Name / surname _____ Telephone _____
email address _____

Role in the company

(select only one box)

- Shipping agent
- Carrier
- Logistics company
- Freight forwarder
- Motorist
- Other (specify) _____

Note that the services offered by transport motorists in the Port of Genoa — given their advance notice — are possible only with the clearance badge released by the relevant office of the Genoa Port Authority.

Eventual Reference Association NO YES _____

People for whom access to the system is requested:

1	Name	Surname
	Telephone	Email

2	Name	Surname
	Telephone	Email

3	Name	Surname
	Telephone	Email

DECLARES

To authorize the transfer of the personal details presented in this form for the aforementioned purpose for the exclusive use of the aforementioned person and their collaborators.

ATTACHES

- A copy of the certificate of registration in the Register of Categories (Albo della Categoria) or alternatively a copy of the Certificate of Registration at the Chamber of Commerce

If relating to a Transport agency

- Compile the registration form of the Legal Representative

Otherwise

- A copy of the Identification document of the Legal Representative or person with procuration power.

Genoa _____ Signature _____

The present form and respective attachments must be sent via fax to 010 247 3996 / 010 893 4806 or by email to hub@hub-net.it with the subject "Richiesta registrazione EPORT"
Once the present application is accepted, access credentials will be sent to the emails of the individual users.