**PRO-FORMA APPLICATION LETTER FOR ENROLMENT IN PEZA eZTS**

Date:

PEZA ZM/ZM/OIC

Zone Location

Zone Address

Dear ZA/ZM/OIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This is to submit our application for registration in the PEZA Electronic Zone Transfer System (eZTS).

We further submit the following information/documents required for registration in the eZTS:

1. **Designated Alternate Signatory:** Name:

Position:

1. **Preferred Date of eZTS Activation**:
2. **Authorized Brokers/Forwarders:**

(*If the Enterprise engage the services of a broker/forwarder, it may authorize more than one broker; indicate the validity date of Broker’s accreditation with PEZA; for each authorized broker staff – indicate name, position, contact numbers (landline and cellphone) and email address*)

We confirm that we have read PEZA/BOC Joint Memorandum Order No 2-2015 dated 24 July 2015 on the Implementation of the Electronic Zone Transfer System (eZTS) for the Transfer of Goods between PEZA-Registered Enterprises; BOC CMO 40-2015 dated 28 October 2015; and PEZA Memorandum Order No. 2017-008 providing the guidelines for the eZTS and I acknowledge that our company shall be accountable for the designation of authorized users on our behalf, monitoring of eCertification, eLOA and eZTD applications made in the system.

I further declare that goods transferred through the eZTS are in accordance with our PEZA approved registered activities.

Very truly yours,

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(Signature over Printed Name of the President/CEO)

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Name of PEZA-registered Enterprise / PEZA C.R. No.