

Filled form please send back: ebrama@dctgdansk.com



REGISTRATION FORM FOR Vehicle Booking System (e.BRAMA) in DCT Gdańsk

PLEASE SEND FILLED FORM TO: ebrama@dctgdansk.com

1. Trucking Company name.....
2. Company Address.....
3. NIP & REGON
4. REPRESENTED BY.....:
5. E-MAIL ADDRESS:
6. TELEPHONE.....
7. EMPLOYED DRIVERS:

I declare that I have read the Regulations of Cooperation of DCT Gdańsk S.A.

The company is not registered in the system under a different name, and in the event of a change to the data contained in the form, I undertake to immediately inform electronically DCT Gdańsk S.A. about this fact

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Lp.	NAME & LAST NAME	PASSPORT No./ PESEL <i>(for PL citizens)</i>	DCT DRIVERS CARD No.	TELEPHONE NUMBER	E-MAIL ADDRESS
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I declare that I have read the Regulations of Cooperation of DCT Gdańsk S.A.

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