



FEDERAL REPUBLIC OF SOMALIA
MINISTRY OF FINANCE
REVENUE DIRECTORATE

CUSTOMS DEPARTMENT



FOOMKA CODSIGA DIIWAANGALINTA EE SOMCAS
SOMCAS USER REGISTRATION APPLICATION FORM

Dakadda (Seaport)

Garoonka Diyaaradaha (Airport)

Taariikhda (Date): ____/____/2025

A- Faahfaahinta Codsadaha (Details of Applicant)

Magaca(Full Name)		Aqoonsi L/Baasboor(ID/Passport No)	
Cinwaanka Soomaaliya (address In Somalia)			
Magaalada (City)		Gobolka(Region)	
Telefoon L(Phone No)		Email-ka Shaqada(Work Email)	

NOOCA ISTICMAALAHA
(User Type)

Wakiil dhoofin
Shipping Line Agent

Dallaal
Declarant(Broker)

Caddeeyaha (Is-caddeyn)
Declarant(Self-declaration)

Hay'adaha Dowladda
Government Agency

B- Faahfaahinta Shirkadda/ (Details of Carrier/Agent/Declarant/Company)

Carrier ID		Carrier Name	
Agent ID		Agent Name	
Declarant ID		Declarant Name	
Company ID		Comapany Name	
Shati L (License No)		TCC/TIN	
Email		Phone	

Waxaan halkan ku caddaynayaa in macluumaadka lagu buuxiyey foomkan codsiga yahay mid sax ah, oo dhammaystiran inta aqoontayda ah. Waxaan fahamsanahay in macluumaad kasta oo been abuur ah, marin-habaabin ah, ama aan dhammaystirnayn ay keeni karto diidmada codsigayga, oo ay sidoo kale horseedi karto tallaabo anshax ama ciqaab sharci ah. Waxaan qirayaa in aan akhriyey oo aan aqbalay in aan u hoggaansamo siyaasadaha iyo xeerarka lagu maamulayo isticmaalka nidaamka SOMCAS.

I hereby declare that the information provided in this application form is true, accurate, and complete to the best of my knowledge. I understand that any false, misleading, or incomplete information may result in the rejection of my application, and could also lead to disciplinary action or legal penalties. I acknowledge that I have read and agree to comply with the policies and regulations governing the use of the SOMCAS system.

With the Attachment
(Photo/Passport/ID/License/TCC/TIN)
for Each Applicant

Sawir
Photo

.....
Saxiix(Signature)

*Ku dir Codsiga iyo Dukumentiyada Email kan(Send the Application with supporting documents to) Email: application@somcas.gov.so

C- Faahfaahinta Mas'uulka (Details of The Principal)

Magaca(Full Name)		Taariikhda(Date)	____/____/2025
Saxiix (Signature) Saxiix(Signature) / Stamp(Shaabad)		

Isticmaalka rasmiga ah oo kaliya (for official use only)

User Name		Password	Will be Notified By Email
Account Code		Account Name	
Approval of Customs Director		SOMCAS Authorized Administrator	
Full Name		Full Name	
Authorized Signature		Authorized Signature	