



TE MANA ARAI O AOTEAROA

CLIENT CODE APPLICATION

PLEASE REFER TO NOTES ON REVERSE BEFORE COMPLETING FORM

FAX TO YOUR LOCAL CUSTOMS OFFICE (REFER TO LIST OF NUMBER OVERLEAF).
FOR ENQUIRIES PHONE 0800 428 786.

Please tick all of the following which apply

| | | | |
|----------------------------------|--|--------------------------------------|-------------------------------------|
| Company <input type="checkbox"/> | Sole Trader <input type="checkbox"/> | Partnership <input type="checkbox"/> | Individual <input type="checkbox"/> |
| CCA <input type="checkbox"/> | Excise Client <input type="checkbox"/> | Broker <input type="checkbox"/> | |

| | | | |
|-------------|---------------------------------------|---------------------------------------|-------------------------------|
| Will you be | Importing <input type="checkbox"/> or | Exporting <input type="checkbox"/> or | Both <input type="checkbox"/> |
|-------------|---------------------------------------|---------------------------------------|-------------------------------|

Please indicate if you consider yourself to be a Maori Business (for statistical purposes only)

Full Company/Partnership/Sole Trader/Individual Name (refer Note 2 on reverse):

Company Registration Number: GST/IRD Number

Full Street Address: Full Postal Address:

Suburb:

City:

Postcode:

Landline Phone: Fax Number: Mobile Number:

Email Address: Web Address:

Full Particulars of all Directors/Shareholders/Partners/Sole Trader/Individual – continuation page on reverse (refer Note 3 on reverse)

1. Surname Given Names Date of Birth Identification Type Number

2. Surname Given Names Date of Birth Identification Type Number

Description of goods: Name of Supplier/Consignor:
(Imported goods only)

Do you currently have goods awaiting clearance? Yes No Country of Origin:

Country of Export: Country of Destination:
(imports only) (exports only)

Contact person (NB: Copy of ID of Contact Person/Signatory is required)

Full Name: Date of Birth:

Position: Ph: Email:

Please advise of the client code allocated to me. (Refer Note 4 on reverse)

Ph: Fax:

DECLARATION

I declare that the information provided is true and correct. (refer Note 6 on reverse)

Signature: Date:

Official Use Only

Processing Officer: New/Existing Code:

Date: