



## PASSENGER MOVEMENT CHARGE CLIENT PARTICULARS AND CODE SHARE INFORMATION FORM

Please return completed form to:

**Mail:** Passenger Movement Charge  
Traveller Branch  
Department of Immigration and Border Protection  
6 Chan Street  
BELCONNEN ACT 2617

**Email:** [PMCADMINISTRATION@abf.gov.au](mailto:PMCADMINISTRATION@abf.gov.au)

CLIENT INFORMATION	
FULL COMPANY NAME	
STATE/TERRITORY OF INCORPORATION	
ADDRESS OF REGISTERED OFFICE	
ABN	
MAILING ADDRESS	
CONTACT NAME	
EMAIL	
PHONE	
ALTERNATE CONTACT	
EMAIL	
PHONE	
ALTERNATE CONTACT	
EMAIL	
PHONE	

**CODE-SHARE INFORMATION**

**PLEASE LIST ANY CURRENT CODE-SHARE ARRANGEMENTS**

Parent Carrier Code	Code Share Carrier Code	Code Share Client Name	Code Share Flight No's		Responsibility for Remittance of PMC	
			Parent Flight No.	Code Share Flight No.	Parent Flight No.	Code Share Flight No.

Contact Officer: \_\_\_\_\_

Carrier: \_\_\_\_\_

Date: \_\_\_\_\_