



# Customs Broker Licence Application Corporate

We require this information under section 183CA of the *Customs Act 1901* (Customs Act) in order to consider the company/partnership application for a corporate customs broker licence.

Please open this form using Adobe Acrobat Reader. Either type in the fields provided or print this form and complete it using a pen and BLOCK LETTERS.

Tick where applicable

### Applicant details

Name of company / partnership		
Trading name (if applicable)	ABN	
Business address (do not use post office box)	State	Postcode
Address for correspondence (if different to street address)	State	Postcode
Name of company / partnership representative who may be contacted	Contact number (business hours)	Mobile number
Email address	Places at which it is intended to act as a customs broker <i>"All places in the Commonwealth"</i>	
Has this company / partnership previously applied for a Customs Broker Licence?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Do you agree to details of the company / partnership appearing on the Australian Border Force (ABF) internet listing of Customs Brokers?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

### Nominees

1. Family name / Surname	Given names	
Position in company / partnership	Broker licence number	Places at which valid <i>"All places in the Commonwealth"</i>
<b>Consent</b> • I consent to being a nominee of the applicant for the licence indicated above. • I am aware of the eligibility requirements for nominees under Section 183CD of the Customs Act. Signature _____ Date ____/____/____		
2. Family name / Surname	Given names	
Position in company / partnership	Broker licence number	Places at which valid <i>"All places in the Commonwealth"</i>
<b>Consent</b> • I consent to being a nominee of the applicant for the licence indicated above. • I am aware of the eligibility requirements for nominees under Section 183CD of the Customs Act. Signature _____ Date ____/____/____		
3. Family name / Surname	Given names	
Position in company / partnership	Broker licence number	Places at which valid <i>"All places in the Commonwealth"</i>
<b>Consent</b> • I consent to being a nominee of the applicant for the licence indicated above. • I am aware of the eligibility requirements for nominees under Section 183CD of the Customs Act. Signature _____ Date ____/____/____		

*If there are more than 3 nominees, attach additional details*

**Company directors / persons with authority**

Give details of all company directors / person with authority to direct the nominee(s) of the proposed company / partnership for the purposes of the Customs Act.

1. Family name / Surname		Given names	
Date of birth / /	Position in company / partnership		
Address		State	Postcode
2. Family name / Surname		Given names	
Date of birth / /	Position in company / partnership		
Address		State	Postcode
3. Family name / Surname		Given names	
Date of birth / /	Position in company / partnership		
Address		State	Postcode
4. Family name / Surname		Given names	
Date of birth / /	Position in company / partnership		
Address		State	Postcode

*If there are more than 4 company directors / persons with authority, attach additional details*

**Applicant declaration**

I declare that:

- under section 183CA of the Customs Act, application is hereby made for the grant of a licence to act as a customs broker, and
- each of the nominees proposed in this application is authorised to act on behalf of the company / partnership for the purposes of the Customs Act.

**Company declaration**

This application is made and signed in accordance with the company's constitution.

Signature	Office held	Date / /
Signature	Office held	Date / /

**Partnership declaration**

This application is made by the partners whose signatures appear below.

Signature	Date / /
Signature	Date / /
Signature	Date / /
Signature	Date / /