



# CLIENT CODE APPLICATION

**ALL FIELDS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT FOR COMPLETION.**

**PLEASE REFER TO NOTES ON REVERSE BEFORE COMPLETING FORM. FAX TO YOUR LOCAL CUSTOMS OFFICE (REFER TO LIST OF NUMBERS OVERLEAF). FOR ENQUIRES PHONE 0800 428 786.**

**ARE YOU A:**

- Company  Individual  Carrier   
 Sole Trader  Broker   
 Partnership  CCA

**WHO IS AN:**

- Importer   
 Exporter   
 Excise Client

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

Please indicate if interested in Deferred Payment (refer Note 1 on reverse)

Full Company/Partnership/Sole Trader/Individual Name: .....

In the case of a company:

Date of Incorporation: ..... Company Registration Number: .....

Full Street Address: ..... Full Postal Address: .....

Suburb: .....

City: .....

Port Code: .....

Landline Phone: ..... Mobile Phone: ..... Fax Number: .....

Email Address: ..... Web Address: .....

**Full Particulars of Directors/Partners/Sole Trader/Individual (refer Note 2 on reverse)**

1. ....	Surname	Given Names	Date of Birth	Identification Type	Number
2. ....	Surname	Given Names	Date of Birth	Identification Type	Number
3. ....	Surname	Given Names	Date of Birth	Identification Type	Number
4. ....	Surname	Given Names	Date of Birth	Identification Type	Number

Do you currently have goods awaiting clearance? **Yes**  **No**

Goods imported/exported: ..... Name of Supplier/Consignee: .....  
(Imported goods only)

Bill of Lading/Airway Bill No.: .....

Country of Origin/Destination: .....

Contact person (if not one of above)

Full Name: ..... Date of Birth: .....

Position: ..... Ph: ..... Email: .....

**NB: Copy of ID of Contact Person/Signatory is required**

Please advise Tracy Thompson ..... Ph: 09 820 6060 ..... Fax: 09 820 6061 .....  
of the client code allocated to me. (Refer Note 3 on reverse)

I declare that the information provided is true and correct.

Signature: ..... Date: .....

Processing Officer: .....	New/Existing Code: .....
Date: .....	

## IMPORTANT INFORMATION

### NOTES:

1. The Deferred Payment Scheme allows approved importers to defer the payment of Customs charges (including GST) accounted for on Customs import entries. Approval to the scheme is given by the NZ Customs Service. Refer to Customs Fact Sheet 17 for details.
2. A copy of the Passport Photo I.D. details page is required for all names listed including Directors/partners/contact persons and signatory of form. If no passport, then please provide a copy of that person's Driver's licence.
3. Whereby an agent is acting on your behalf.
4. A copy of your company's Certificate of incorporation must be attached (passport photo ID or drivers licence is required for private importers/exporters)
5. You must Tick ALL boxes that apply
6. The application must be completed and signed by an authorised person of the entity concerned or the importer/exporter of the goods. If the importer/exporter is a private individual
7. **ALL FIELDS MUST BE COMPLETED.** Incomplete applications will be returned for completion.
8. Please note you are required to keep business records in New Zealand.

Local Customs Office Contact details.

Phone: .....

Fax: .....

Address: .....

0800 4 CUSTOMS 0800 428 786  
[feedback@customs.govt.nz](mailto:feedback@customs.govt.nz)

### FAX NUMBERS OF CUSTOMS OFFICES

Auckland	09 359 6735
Christchurch	03 358 0607
Dunedin	03 477 6773
Invercargill	03 218 7328
Napier	06 835 1298
Nelson	03 546 9381
New Plymouth	06 751 2637
Tauranga	07 575 0522
Wellington	04 462 0155