



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)			<input type="checkbox"/>

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

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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:

Full Particulars of all Directors/Shareholders/Partners/Sole Trader/Individual (refer Note 3 below)

3. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number
4. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number
5. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number
6. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number
7. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number

IMPORTANT INFORMATION

The information on the Client Code application form (and any subsequent customs entries) may be supplied to Statistics NZ for use in official statistics.

NOTES:

1. You must tick ALL boxes that apply.
2. A copy of your company's Certificate of Incorporation must be attached, also details of trading name if different from registered company name. For Partnerships & Sole Traders, trading name (if applicable) is required. Private individuals must supply photo ID, passport or drivers licence.
3. A copy of the passport biography details page is the preferred ID for all names listed including directors/partners/contact persons and signatory of form, however, if no passport exists please provide a copy of that person's driver's licence. All directors / partners must be listed.
4. Complete this section if an agent/broker is acting on your behalf.
5. 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.
6. Incomplete applications will be rejected and returned for completion.
7. Please note you are required to keep business records in New Zealand pursuant to section 95 of the Customs and Excise Act 1996.

FAX TO YOUR LOCAL CUSTOMS OFFICE (REFER TO LIST OF BELOW). FOR ENQUIRES PHONE 0800 428 786.

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	03 539 0719
New Plymouth	06 751 2637
Tauranga	07 575 0522
Wellington	04 462 0155

Applications lodged in the Auckland office may be sent electronically to email clientcodes@customs.govt.nz