



Instructions:
 Please complete this form for each establishment that you operate.
 For additional copies of this form go to www.border.gov.au

Australian Business Number (ABN) or Customs Client Identifier (CCID):
 (NB: Only one ABN/CCID per form)

Cargo Handler Details

Company Name:			
Address:	City:	State:	Postcode:
Postal Address:	City:	State:	Postcode:
Business Telephone:	Fax:	Contact Person:	

Individual Establishment Details

Wharf Name:	Port (UNLoCode):	Establishment Identifier: <i>(Official Use Only)</i>	
Address:	City:	State:	Postcode:
Postal Address:	City:	State:	Postcode:
Business Telephone:	Fax:	Contact Person:	

Individual Establishment Details

Wharf Name:	Port (UNLoCode):	Establishment Identifier: <i>(Official Use Only)</i>	
Address:	City:	State:	Postcode:
Postal Address:	City:	State:	Postcode:
Business Telephone:	Fax:	Contact Person:	

Individual Establishment Details

Wharf Name:	Port (UNLoCode):	Establishment Identifier: <i>(Official Use Only)</i>	
Address:	City:	State:	Postcode:
Postal Address:	City:	State:	Postcode:
Business Telephone:	Fax:	Contact Person:	

Comments