



Australian BORDER FORCE

CLAIM FOR RELEASE OF SEIZED GOODS/COPIES

Section 136 of *Trade Marks Act 1995* and Regulation 13.5 of *Trade Mark Regulations 1995*
Section 135AEA of *Copyright Act 1968* and Regulation 22B of *Copyright Regulations 1969*

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

Insert name of the Australian Border Force (ABF) delegate and address as listed on the Seizure Notice

To:

*Indicates Mandatory Field

I, (Full Name):* _____ am the:-

designated owner of seized goods as per section 136 of the *Trade Marks Act 1995*,

OR

importer of seized copies as per section 135AEA of the *Copyright Act 1968*, and make a claim for release of the seized copies / seized goods (strike out as required) under that section.

Home or Business Address and Address for Service (P.O. Box not allowed):*

E-mail Address: _____

Phone/Mobile Number:* _____

ABN: _____

If your home or business address is outside of Australia you must also complete the section overleaf - "Appointing an Agent".

ABF Reference Number (as listed on the Notice of Seizure): _____

Insert description of goods/copies seized:

Insert day of seizure	which were seized on the: _____ day of _____ 20 _____
Insert name of place and State or Territory where seizure occurred	at:
Insert Claim Period expiry date as per Notice of Seizure	_____ day of _____ 20 _____

Insert details of grounds for release of goods/copies - I am making this claim for release of seized goods/copies, on the following grounds:*

Note: that lodging this claim does not in itself mean that the seized goods/copies will be returned to you.

APPOINTING AN AGENT WHO CAN ACCEPT DOCUMENTS ON YOUR BEHALF

This section **MUST** be completed if this claim is being made by a person who has supplied a home or business address outside of Australia.

Insert name, address and details of agent	I appoint the following person as my agent in Australia with authority to accept service of documents, including process in any proceedings, arising out of this matter:
	Full Name:* _____
	Home or Business Address and Address for Service (P.O. Box not allowed):* _____
	E-mail Address: _____
	Phone/Mobile Number:* _____
ABN: _____	

On appointing an agent, this claim **MUST** be accompanied by the written consent of the agent signed by that agent, agreeing to act as agent.

Agent's Consent	I agree to act as agent: Signature:* _____
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NOMINATING OTHER PERSONS/BODIES

This section **MUST** be completed if the seized goods/seized copies described in this claim were brought to Australia by a person or body other than the designated owner/importer or their appointed agent on behalf of the designated owner/importer.

Insert name and address of other persons/bodies	Full Name:* _____
	Home or Business Address and Address for Service (P.O. Box not allowed):* _____
	E-mail Address: _____
	Phone/Mobile Number:* _____
	ABN: _____

I understand that all information contained on this form must be true and accurate to the best of my knowledge, and that it is an offence under Section 137.1 and 137.2 of the Criminal Code to provide false or misleading information on documents.

Name of designated owner/importer (BLOCK LETTERS):*	Signature:* _____
	Date: _____