



**Intellectual Property and
Commerce Labelling
Referral Details**

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.

Details Supplied By

Name*

Company Name

Address*

Postal Address

Telephone Number*

Fax Number

Email

Suspect Details

Name

Gender

Company Name*

Company ABN

Address*

Postal Address

Telephone Number

Importation Details

Types of Goods*

Method of Importation

Country of Origin

Port of Arrival

Estimated date of Arrival

Supplier Name/Company

Once completed please return via e-mail to IPRights@abf.gov.au

Background Details

Once completed please return via e-mail to IPRights@abf.gov.au

* denotes mandatory field