



Approved Form pursuant to subsection 107(2) of the *Customs Regulation 2015*, and subsection 26(2) of the *Customs (International Obligations) Regulation 2015*

NOTICE: We require this information under section 163 of the *Customs Act 1901* and pursuant to subsection 107(2) of the *Customs Regulation 2015* and subsection 26(2) of the *Customs (International Obligations) Regulation 2015* in order to consider your application for remission of duty. The information provided may be disclosed to the Australian Bureau of Statistics and the Australian Taxation Office.

Owner Details

Owner ID: (ABN, ABN/CAC or CCID)	Owner Name:	Import Declaration ID:
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Broker Details - if applicable

Nominee Broker Licence No:	Contact Broker Phone No:	Broker Reference:
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Goods Details

Name of Ship/Aircraft or Establishment:	Establishment Code:	Date of Arrival:	Location of Goods at time of Application:
Marks and Numbers	Number of packages, Description of Goods, Rate and Tariff Item		Amount of Duty sought to be remitted
			\$
			\$
			\$
			\$
Total			\$

I request a remission of the stated amount of duty on the above mentioned goods for the following reason(s):

Signature of: Agent of the owner
 Owner of the goods

Official Use Only

Date:	File Reference:	State:
Name of Section / District / Office:		Application received and entered in register: <input type="checkbox"/> Yes <input type="checkbox"/> No
Officer of Customs Name:	Signature:	Date:

Officer's Report and Recommendation - Attach schedule if insufficient space

Officer of Customs Signature:	Date:

Remission / Import Declaration

Remission Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Import Declaration Endorsed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Officer of Customs Signature:	Date:

This section to apply where destruction or export of goods is to take place pursuant to Customer Regulation 127(4)

Exported or Destroyed in my presence: / / <input type="checkbox"/> Yes <input type="checkbox"/> No	Remission Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Officer of Customs Name:	Officer of Customs Name:		
Officer of Customs Signature:	Date:	Officer of Customs Signature:	Date: