



MOVEMENT APPLICATION FOR CUSTOMABLE GOODS - SINGLE TRANSACTION

APPLICATION UNDER SECTION 71E OF THE CUSTOMS ACT 1901 (Customs Act) TO MOVE GOODS DESCRIBED IN THE SCHEDULE HERETO AND WHICH ARE SUBJECT TO CUSTOMS CONTROL

Permission will be granted only to **owners** of the goods and on the condition that they will not pass title in the goods during the movement of the goods. Please provide all the information required below. Incomplete applications could result in delays in processing or approving applications.

In instances where the owner is moving goods subject to customs control for the first time and in such other cases where it considers it necessary, the Department of Immigration and Border Protection (the Department) will only grant a movement Permission if security with surety is provided.

<p>1. Does the applicant own the goods for which a movement permission is being sought?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;"><i>Go to 2</i></p>
<p>2. Name and address / registered address of the owner of the goods to be moved. (ABN to be provided if applicable)</p>	<p>Name:</p> <p>Address / Registered Address:</p> <p>Email Address:</p> <p>ABN:</p> <p style="text-align: right;"><i>Go to 3</i></p>
<p>3. Does the owner currently hold any licence(s) under the Customs Act ?</p> <p>If yes, indicate the nature of the licence(s) and provide the Establishment Code(s)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Type of licence:</p> <p>Establishment Code:</p>
<p>4. Was the owner issued with a licence under the Customs Act at any time in the last 5 years?</p> <p>If yes, give details of the three most recent licence(s). If insufficient space, please attach a separate sheet.</p>	<p><i>If YES go to 5 If NO go to 4</i></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Details:</p> <p style="text-align: right;"><i>Go to 5</i></p>
<p>5. If application is being made by agent on behalf of the owner of the goods, the name and registered address and ABN of the agent must be provided.</p>	<p>Agent's Name:</p> <p>Registered Address:</p> <p>ABN:</p> <p style="text-align: right;"><i>Go to 6</i></p>
<p>6. Where the applicant is not the owner of the goods, evidence of authority to act on behalf of the owner must be provided. Is evidence of authorisation attached?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;"><i>Go to 7</i></p>
<p>7. Reason for movement of goods:</p>	<p style="text-align: right;"><i>Go to 8</i></p>

Permission No:
Office use only

THE SCHEDULE MOVEMENT APPLICATION – SINGLE TRANSACTION

DESCRIPTION OF CUSTOMABLE GOODS TO BE MOVED (if insufficient space please attach additional page(s))

Bond Marks or Marks and Numbers	Number of Packages	Description of Goods (including information such as brand, model, serial number etc where applicable)	Qty	Customs Tariff Item No	Country of Origin	Customs Value \$	International Transport & Insurance \$	Customs Duty \$	GST* \$	WET** \$	LCT*** \$	Total Revenue Liability of Goods \$