



## MOVEMENT APPLICATION FOR CUSTOMABLE GOODS - CONTINUING PERMISSION

**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.

<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>	<i>Go to 2</i>
<p>2. Name and address / registered address of the owner of the goods to be moved.  <b>(ABN to be provided if applicable)</b></p>	<p>Name:</p> <p>Address / Registered Address:</p> <p>Email Address:</p> <p>ABN:</p>	<i>Go to 3</i>
<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><i>If YES go to 5      If NO go to 4</i></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><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Details:</p>	<i>Go to 5</i>
<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>	<i>Go to 6</i>
<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>	<i>Go to 7</i>

7. Reason for movement of goods:	<i>Go to 8</i>
8. Provide details of premises, including Establishment Code, <b>from</b> which the goods are to be moved.  If insufficient space, please attach a separate sheet.	Name:  Address:  Establishment Code:  <i>Go to 9</i>
9. Are the receiving premises a licensed warehouse under S.79 of the Customs Act and/or a storage premises licensed under the <i>Excise Act 1901</i> ?  If No, provide details.	<input type="checkbox"/> YES <input type="checkbox"/> NO  <i>Go to 10</i>
10. Are the receiving premises under the control of the owner of the goods to be moved?	<input type="checkbox"/> YES <input type="checkbox"/> NO  <i>Go to 11</i>
11. Has the applicant presented evidence that:  (a) the operator of the receiving premises is willing to accept the goods, and  (b) where the receiving premises is not a licensed warehouse, the operator is aware that under S.35A(1) of the Customs Act he/she would be liable for the amount equivalent to the duty plus the Goods and Service Tax/Luxury Car Tax/ Wine Equalisation Tax, as appropriate, on goods subject to customs control entrusted in their care, if they cannot account for the goods.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Permission is requested to move the goods specified in the attached Schedule.</p> <p>Signature of Applicant: _____ Date: _____</p>	

# THE SCHEDULE

LIST ALL DESTINATIONS TO WHICH GOODS WILL BE SENT  
(If insufficient number of boxes, please attach addendum sheets containing the information required)

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
1	<input type="text"/>	<input type="text"/>	<input type="text"/>

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signed: _____ Date: _____
Name: _____

NOTES: \*Please indicate the physical location of establishment. (The applicant must provide evidence that a commercial arrangement exists with the receiving establishment).