



CLAIM FOR RELEASE OF SEIZED GOODS

Section 29 of the Major Sporting Events (Indicia and Images) Protection Act 2014

The Department of Immigration and Border Protection uses the information you provide on this form to manage the seizure process it administers under the *Major Sporting Events (Indicia and Images) Protection Act 2014* (MSEP Act). To make a claim for the release of your seized goods, you are required to give certain particulars, including your name, address and other personal information, in this form under section 29 of the MSEP Act. If you do not provide any information that is required to be provided on this form, your claim will not be valid and you may not be entitled to the return of your goods. Information that you provide on this form may be provided to any objector(s) with an interest in the seized goods.

Your personal information will be collected, used, stored and disclosed by the Australian Border Force (ABF) in accordance with the Australian Privacy Principles in Schedule 1 of the *Privacy Act 1988*. Further information regarding how the ABF handles personal information can be found in Privacy Policy available on the Department of Immigration and Border Protection website at www.border.gov.au.

Insert name of the ABF delegate and address as listed on the Seizure Notice

***Indicates Mandatory Field**

I, (full Name):* _____ am the:-
 designated owner of goods seized under section 25 of the MSEP Act, and make a claim for release of the seized goods under section 29 of the MSEP Act.

Home or Business Address (P.O. Box not allowed)*

Address for Service (P.O. Box not allowed)*

E-mail Address: _____

Phone/Mobile Number:* _____

Fax 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 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 - **I am making this claim for release of seized goods, on the following grounds:***

Note: Lodging this claim does not in itself mean that the seized goods will be returned to you. Your attention is drawn to the accompanying information sheet.

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 (P.O. Box not allowed)*
	Address for Service (P.O. Box not allowed)*
	E-mail Address:
Phone/Mobile Number:*	
Fax 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:*

NOMINATING OTHER PERSONS/BODIES

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

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

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 Sections 137.1 and 137.2 of the *Criminal Code Act 1995* to provide false or misleading information on documents.

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

*Indicates Mandatory Field