

CUSTOMS AUTHORITY



APPLICATION FOR IMPORTER/CONSIGNEE TO BE
LICENSED AS DECLARANT
(ACCREDITED DIPLOMATIC MISSION, UN BODY OR
SPECIALIZED AGENCY)

Customs Code DL 14/2017, Articles 30 (a), 31 (1) and (2), and 32 (1)

Submit to National Director Customs Compliance Management (NDCCM), Dili

PART A: APPLICANT IDENTIFICATION AND CONTACT DETAILS – DIPLOMATIC

1. **Applicant's Name:** (Authorized person from Embassy, or UN Body or Specialized Agency) – Attach a photocopy of your Passport or National Identification card.

2. **Designation:**

3. **Accredited Embassy of:** (country):

4. **Tax Identification Nr:**

5. **UN Body or Specialized Agency:** (full name of UN body or Specialized Agency)

6. **Postal Address:**

7. **Telephone Nr (obligatory):**

8. **Fax Nr :**

9. **Email address (obligatory):**

10. **After hours contact name and position** (if same, write "as 1 above"):

11. **Employees of the Embassy, UN Body or Specialized Agency who may represent you in Customs Clearance formalities**

Name:	Position:
Name:	Position:
Name:	Position:

PART B: APPLICANT'S EXPERIENCE TO BE A LICENSEE

12. **Prior Experience:**

Does the applicant or any of the people nominated in Nr 11 above, have any prior experience in the preparation of Import or Export Goods Declarations (DAU)? YES NO If YES, please provide a brief outline:

PART C: OFFICE FROM WHERE YOU INTEND TO OPERATE - FACILITIES

13. **Proposed Office address:**

14. **Storage of Import/Export related documents** (The Customs Code Article 18, requires you to maintain records for 5 years):

15. **Computer / Printer and Internet facilities.** (Please mark the appropriate box below);

- I/ we have the latest desktop computer(s) able to upload Java and operate ASYCUDA World
- I/we have a modern printer.
- I/we have an Internet connection (please mention provider _____)

PART D: NUMBER, TYPE, AND ORIGIN OF IMPORT/ EXPORT CONSIGNMENTS PER YEAR

16. **Import Consignments per year.** (Please mark the appropriate box below);

- 1 to 5
- 6 to 15
- Over 15

17. **Export Consignments per year.** (Please mark the appropriate box below);

- 1 to 5
- 6 to 15
- Over 15

18. Type of Import Goods. (Please describe below);

1.
2.
3.
4.
5.
6.

21. Type of Export Goods. (Please describe below);

1.
2.
3.

22. Country of Origin of Import Goods. (Please describe below);

1.
2.
3.

PART E: SECURITY (BOND) ARRANGEMENTS

23. Commitment letter or Promissory Note: Important Note: *Your Mission, or UN Body, Specialized Agency are not required to provide a Bank Guarantee, but a Commitment letter or Promissory Note is required to cover any duties/taxes levied on goods not subject to Exemptions or compliance with clearance formalities required by law:*

PART F: ATTACHED DOCUMENTS

24. Check List of Attached Documents for this Application. (This checklist is for the applicant to verify that he/she has attached all relevant documents required to process this application. Copies of valid documents are accepted)

- | | |
|--|---|
| <input type="checkbox"/> Passport or National Identity Card of main applicant. | <input type="checkbox"/> Commitment letter/ Promissory Note |
| <input type="checkbox"/> Tax Identification (TIN) | <input type="checkbox"/> Other documents (describe below) |

PART G: APPLICANT'S DECLARATION, SIGNATURE AND DATE

25. Applicant's declaration

- a) By signing and dating this form in **boxes 26 and 27 below**, I/we declare that all information provided hereby and in any additional supporting material of any kind, shape, or form provided by me/us are, to the best of my/our knowledge, true and correct.
- b) I/we understand that providing false, untrue, or misleading information in this application and/or supporting material may result in this application being rejected by Customs

26. Signature, name and position:

27. Date:

FOR CUSTOMS USE ONLY

A. APPLICATION RECEIPT

Date Application received:	Name and signature of NDCCM Secretary receiving:	NDCCM Reference Number:	
To NDCCM for nomination of Evaluation Officer	Evaluation Officer Nominated:	Name:	Date:
		Date	Evaluation Officer Receipt Signature:

B. APPLICATION EVALUATION

Documentary Verification

Is the application and supporting documentation complete, and correct? YES NO *If NO, give details below*

(if necessary, contact the applicant to obtain additional information and/or missing documents)

C. EVALUATOR RECOMMENDATION

Are requirements met for granting a Declarant License?

- YES requirements are met.
NO requirements are NOT met. *(Give details below)*

Details of requirements not being met:

Application granted/rejected

I recommend a license be: GRANTED REJECTED *(Give details for rejection below)*

Evaluator's Name, Signature, and Date

Name: _____ Signature: _____ Date: _____

C. NATIONAL DIRECTOR CUSTOMS COMPLIANCE MANAGEMENT APPROVAL / REJECTION

Based on the recommendation of the Customs Evaluator I hereby:

- Approve the granting of a Declarant License for a period of two (3) years, from the date of this approval.
This approval is subject to any special conditions set out in SECTION E "Additional License Conditions", below
- Reject the granting of a Declarant License. (See reasons below)

Reasons for rejection:

Ivo Manuel da
Ressurreicao F. Gomes
National Director Customs
Compliance Management

Signature and Stamp

Date:

D. APPLICANT INFORMED OF RESULT

NDCCM Secretary:
To inform Applicant of the
Application Result

Applicant informed:

- by email to (name) _____
- by phone to (name) _____
- by post to (address) _____

Date:

Date:

E. ADDITIONAL LICENSE CONDITIONS

Are there any Additional License Conditions?

- NO.
- YES. (See details below)

Additional Conditions:

Ivo Manuel da
Ressurreicao F. Gomes
National Director Customs
Compliance Management

Signature and Stamp

Date: