



APPLICATION FOR IMPORTER/CONSIGNEE TO BE LICENSED AS DECLARANT - COMMERCIAL

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 – COMMERCIAL
(USE SEPARATE FORM FOR EMBASSIES, ETC)

1. **Applicant's Name:** (Company or Individual) – Attach a photocopy of your Passport or National Identification card.

2. **Designation:**

3. **Business Registration Nr:**

4. **Tax Identification Nr:**

5. **Tax Clearance Certificate Nr (Dividas)**

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 working for you who may represent you in Customs Clearance formalities**

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

PART B: APPLICANT'S FITNESS TO BE A LICENSEE

12. **Please answer the following questions** by marking **YES** or **NO** in the relevant boxes below:

- a) Have you ever been convicted for a criminal offense in East Timor: **YES** **NO**
- b) Have you ever been convicted for a breach of the Tax Laws of East Timor: **YES** **NO**
- c) Have you ever been convicted for Customs infringement in East Timor: **YES** **NO**

13. **If you have answered YES** to any of the questions in 12 - a), b), or c) above, please **give details** in the space below.

Note: If your answers to the questions in Nr 12 above are found to be false or untrue, **you will be immediately disqualified** for holding a License as a Declarant.

14. **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

15. **Proposed Office address:**

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

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

- I/ we have the latest desktop computer(s) able to upload Java to 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

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

- 1 to 5
- 6 to 15
- Over 15

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

- 1 to 5
- 6 to 15
- Over 15

20. 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: GUARANTEE (SECURITY BOND) ARRANGEMENTS

23. Bank Details for Guarantee: (Provide details of the proposed banking guarantee. Also, attach past 6 months bank statements):

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"/> Copy of Bank Statements (past 6 months) |
| <input type="checkbox"/> Tax Identification (TIN) | <input type="checkbox"/> Other documents (describe below) |
| <input type="checkbox"/> Up-to-date Tax Clearance (Dividas) | |

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:	Evaluation Officer Receipt	Date:
		Date		Signature:

B. APPLICATION EVALUATION

a) **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)

b) **Field Visit**

Are the Results of the Field Visit Satisfactory? YES NO *Give details below for YES or NO*

(if necessary, contact the applicant to obtain additional information and/or missing documents. If space not sufficient, attach additional pages)

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:

D. 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 three (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:

E. 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:

F. 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: