



## 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

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

### 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 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:

**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: