

CUSTOMS AUTHORITY



APPLICATION FOR A LICENSE OR RENEWAL OF LICENSE FOR A TEMPORARY STORAGE AREA UNDER CUSTOMS CONTROL

Customs Code DL 14/2017, Articles 20 to 29, 138, 139.

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

PART A: APPLICANT IDENTIFICATION AND CONTACT DETAILS

1. **Applicant's Name:** (Company or Individual) – Attach photocopy of 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. **Company membership and persons who participate in the management or control of the Warehouse**

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

PART B: APPLICANT 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 offence 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 question in 12 - a), b), or c) above, please **give details** in the space below.

Notes: (a) If your answers to the questions in Nr 12 above are found to be false or untrue, **you will be immediately be disqualified** for holding a License for Temporary Storage premises; .(b) You must attach to your application a recent **PNTL Clearance Certificate**.

14. **Prior Experience:**

Does the applicant or any of the persons nominated in a position of management or control have any prior experience in the operation of a Customs Temporary storage place? **YES** **NO** If **YES**, please provide a brief outline:

PART C: PREMISES NAME, ADDRESS, OWNERSHIP

15. **Proposed or current premises name** (e.g. "Trader Temp Store 1"- max 20 characters):

16. **Premises' physical address** (Street name, number, suburb, town):

17. **Premises Ownership.** (Please mark the appropriate box below);

- I/ we are the owners of the premises (Attach Copy of the Certificate of Title)
- I/we are not the owners of the premises.

PART D: SITE PLANS, SECURITY AND CARGO HANDLING EQUIPMENT

18. Premises Building Plans

a) **Boundary Fence.**- Describe in detail the material the fences are made of, and how they **prevent intrusion** and achieve the **minimum 2.5 mts. height** (two and half metres height) required. You may attach photos and plans.

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b) **Plans of different buildings in the Proposed Premises.**- Applicant must provide two (2) certified copies of the plan (no larger than A3 size) of the proposed temporary storage premises outlining in **RED** all areas to be licensed; access points; area for Customs officers; allocated area for compliance checks (See full details in the Business Rules)

Applicant comments (if any):

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19. Security of Premises

a) **Do you employ a company to provide 24/7 security?** YES NO (if YES, give details below)

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b) **Do you have CCTV security cameras?** YES NO (if YES, give details below)

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20. Cargo Handling Equipment

a) **Do you have any cargo handling equipment?** YES NO (if YES, give details below)

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PART E: CARGO TYPE, ACTIVITIES, SOPS, ASYCUDA CONNECTION, GUARANTEE

21. Cargo type for this application for the temporary storage of (mark relevant box (es) below):

Full Container Load (FCL): Less Than a Container Load (LCL): Loose Cargo: (describe).....

22. Expected Warehouse Activities: Indicate the activities you propose to undertake should your application be approved.

1.
2.
3.
4.
5.
6.
7.
8.

23. Standard Operating Procedures (SOPs): Do you have documented SOPs in place that are available to Customs upon request?

YES NO If YES, give details below

24. Connection to Customs System (ASYCUDA World): Are you currently connected to ASYCUDA World?

YES NO If YES, give details below

25. Details of Bank Guarantee: Either a current one or proposed banking guarantee. Also see guarantee requirements in the Business Rules):

PART F: ATTACHED DOCUMENTS

26. 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"/> Company Structure and Articles of Association
<input type="checkbox"/> Business Registration
<input type="checkbox"/> Tax Identification (TIN)
<input type="checkbox"/> Up-to-date Tax Clearance (Dividas)
<input type="checkbox"/> Police (PNTL) Clearance Certificate
<input type="checkbox"/> Copy of Ownership title or Lease on premises
<input type="checkbox"/> Complete plans of all areas/buildings to be licensed | <input type="checkbox"/> Boundary fence plans and photos
<input type="checkbox"/> Contract with security company (if any)
<input type="checkbox"/> Full technical description of CCTV system
<input type="checkbox"/> Standard Operating Procedure (SOP)
<input type="checkbox"/> ASYCUDA World Userid (if you have one)
<input type="checkbox"/> Copy of Bank Guarantee (if applicable)
<input type="checkbox"/> Other documents (describe) |
|--|--|

PART G: APPLICANT'S DECLARATION, SIGNATURE AND DATE

27. Applicant's declaration

- By signing and dating this form in boxes 28 and 29 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.
- 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

28. Signature, name and position:

29. 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 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 Temporary Storage 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 Temporary Storage License for a period of **two (2) years**, from the date of this approval.
This approval is subject to any special conditions set out in the attachment "Special Conditions"
- Reject the granting of a Temporary Storage 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
Application Result

- Applicant informed:
- by email to (name) _____
 - by phone to (name) _____
 - by post to (address) _____

Date:

Date: