



APPLICATION FOR A BONDED WAREHOUSE LICENSE or RENEWAL OF LICENSE

Customs Code DL 14/2017, Articles 197 to 212.

Submit to National Director Customs Compliance Management, 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 will 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 a Bonded warehouse; .(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 bonded warehouse? YES NO If YES, please provide a brief outline:

15. **Financial/ Banking Details:** Please provide your banking and financial details for at least the past 6 months. Attach latest bank statements and other financial reports you may have.

PART C: PREMISES NAME, ADDRESS, OWNERSHIP

16. **Proposed or current premises name** (For example "Trader Bond Store 1"- max 20 characters):

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

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

- I/ we are the owners of the premises
- I/we have a Lease for the premises, with more than two (3) years remaining.
(Attach Copy of the Certificate of Title or Lease)

PART D: SITE PLANS, SECURITY AND CARGO HANDLING EQUIPMENT

19. **Premises Building Plans**

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

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 bonded warehouse 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):

20. **Security of Premises**

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

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

21. **Cargo Handling Equipment**

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

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

22. **Cargo type for this application** for the bonded storage of (mark relevant box (es) below):

General cargo : Motor vehicles: Finished Goods Subject to Excise: (describe below, eg liquor, tobacco)

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

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

24. **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

25. **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 Guidelines):

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

PART G: APPLICANT'S DECLARATION, SIGNATURE AND DATE

27. **Applicant's declaration**

- a) 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.
- 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

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: Date:
		Evaluation Officer Receipt 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 Bonded Warehouse License?

YES requirements are met.

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

Details of requirements not being met:

(Continue next page)

Application granted / rejectedI recommend a license be: **GRANTED** **REJECTED** *(Give details for rejection below)***Evaluator's Name, Signature and Date**

Name:

Signature:

Date:

D. APPROVAL / REJECTION - NATIONAL DIRECTOR, CUSTOMS COMPLIANCE MANAGEMENT**Based on the recommendation of the Customs Evaluator, I hereby:**

- Approve the granting of a Bonded Warehouse License for a period of two (2) years, from the date of this approval.**
This approval may be subject to any special conditions set out in the attachment "Special Conditions".
- Reject the granting of a Bonded Warehouse License.** (See reasons below)

Reasons for rejection:

Ivo Manuel de R. Gomes
National Director of
Customs Compliance
Management

Signature and Stamp

Date:

E. 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:

Date: