



APPLICATION FOR REGISTERED CONSIGNEE

For official use
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- Instructions on how to fill in the form can be found at the end of the document.
Please read them carefully.
- Use CAPITAL letters in black or blue ink to fill in the form.
- The form must be submitted at the District Customs House according to where your central offices are located.

1

Please write your name

- ◆ If you are a limited company write the name of the company
- ◆ If you are a partnership, write the name of the partnership and the names of all the partners and their civil identity card numbers.

Name(s)	Registration no. from Registrar of Companies and Official Receiver / Civil identity card no. for natural person	V.A.T. Registration Number	Customs Registration Number

2

Please fill in your trade name as shown on the Certificate of the Registrar of Companies and Official Receiver

Trade Name

3

(α) Please fill in the address of the central offices of your business

Street Name										Number			
<input type="text"/>										<input type="text"/>			
Name of Building						Apartment No.		Postal Code					
<input type="text"/>						<input type="text"/>		<input type="text"/>					
Town/ Community/ District													
Telephone No.							Fax No.						
<input type="text"/>							<input type="text"/>						
E-mail Address.....													

(b) Please provide your postal address, if different from the above

Street Name												Number			
<input type="text"/>												<input type="text"/>			
Name of Building						Apartment No.			Postal Code						
<input type="text"/>						<input type="text"/>			<input type="text"/>						
Town/ Community/District.....															
Telephone No.								Fax No.							
<input type="text"/>								<input type="text"/>							
E-Mail Address.....															

(c) Please provide the address of the premises where the goods are received.

Street Name												Number			
<input type="text"/>												<input type="text"/>			
Name of Building						Apartment No.			Postal Code						
<input type="text"/>						<input type="text"/>			<input type="text"/>						
Town/ Community/District.....															
Telephone No.								Fax No.							
<input type="text"/>								<input type="text"/>							
E-Mail Address.....															

4

Description of Goods (Note 1)

Category	Product Description

5

Supplementary Information

(a) Accounting System / Books and Registries (Note 2)

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(b) Accompanied Documents (Please indicate with a √, the attached documents)

Identity card in case of natural person

company's registration certificate issued by the Registrar of Companies and Official Receiver

certificate of the registered office of the company issued by the Registrar of Companies and Official Receiver

certificate related to the responsible personnel of the company, their status and responsibilities towards the company issued by the Registrar of Companies and Official Receiver

V.A.T. Registration Certificate

Customs Registration Certificate

information relevant to the company's accounting system, means of control for internal audit and accounting methods

formal declaration that the activity run by the said company, in relation to the goods received, is not occasional

information relevant to other authorisations granted to the applicant

other certificates, documents or information which are deemed necessary by the Director.

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6

DECLARATION

I,

(Complete your full name with CAPITAL LETTERS)

declare, that the information given by this document and in any attached document is complete and truthful, and I fully consent, that this information shall be used by the Customs Department for the purposes of the present application.

Signature:

Date:

Please indicate with a √ where applicable

Self employed:	<input type="checkbox"/>	Partner:	<input type="checkbox"/>
Administrator:	<input type="checkbox"/>	Authorized Executive Personnel:	<input type="checkbox"/>
Secretary of company:	<input type="checkbox"/>	Director or Secretary:	<input type="checkbox"/>

7 For departmental use only

The application is recommended / not recommended

Comments:

Date:

.....
Senior Customs Officer

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8 For departmental use only

The application is approved / rejected

Comments:

Date:

.....
Director
Department of Customs and Excise

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EXPLANATORY NOTES

1. In the column “ Category ”, provide one or more of the following categories of goods which, the registered consignee will be receiving:
TOBACCO PRODUCTS – ENERGY PRODUCTS – ALCOOL AND ALCOHOLIC BEVERAGES.
In the column “Product Description “, provide the products per category of goods as described above, which, the registered consignee will be receiving.
2. Information relevant to the accounting system of the registered consignee’s practices, should be provided which may be kept in a computerized or any other form.