



Australian Government
Australian Customs Service

CARGO REPORT (AIR)
Approved Form Section 64AB of the *Customs Act 1901*



If this form was completed by a business with fewer than 20 employees, please provide an estimate of the time taken to complete this form.
 Hours Minutes

We require this information under section 64AB of the *Customs Act 1901* in order to risk assess your cargo. The information you give may be disclosed to the Australian Quarantine and Inspection Service and the Australian Bureau of Statistics.

Part A		*Special and re-mail reporters must only complete part A of this form					
Master	Sub-Master	Flight No.		Arrival Date	*Special or Re-mail Reporter ID		
Air Waybill No. <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Discharge	Destination	Original Loading	Waybill Origin	First Australian Port	Overseas Routing Ports Code(s) (UN Locode)		
Port Code: <input type="text"/> <small>(UNLocode)</small>	Port Code: <input type="text"/> <small>(UNLocode)</small>	Port Code: <input type="text"/> <small>(UNLocode)</small>	Port Code: <input type="text"/> <small>(UNLocode)</small>	Port Code: <input type="text"/> <small>(UNLocode)</small>	<input type="text"/>	<input type="text"/>	

Part B		House Air Waybill Details					
House Airway Bill No.							
Consignee							
Consignor							
Goods Description							
No. of Packages							
Gross Weight Quantity							
Unit of Weight							
Declared Value							
Declrd Value Currency Code							
Notify Party							
Unique Consignment Reference							
Responsible Party ID							
Method of Payment							
Freight Forwarder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reportable Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unaccompanied Personal Effects	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Declaration		Contact Details:	
I declare that all the particulars contained in this report are complete, exact and true to the best of my knowledge			
Date:/...../..... Time:	**Completed by Operator or Authorised Agent: Name:	Signature	**strike out whichever is not applicable
		Name: <input style="width: 100%;" type="text"/>	
		Phone Number: <input style="width: 100%;" type="text"/>	