

7. Reason for movement of goods:

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8. Provide details of premises, including Establishment Code, **from** which the goods are to be moved.

If insufficient space, please attach a separate sheet.

Name:

Address:

Establishment Code:

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9. Are the receiving premises a Customs licensed warehouse under S.79 of the Customs Act 1901 and/or a storage premises licensed under the Excise Act 1901?

If No, provide details.

YES

NO

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10. Are the receiving premises under the control of the owner of the goods to be moved?

YES

NO

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11. Has the applicant presented evidence that:

(a) the operator of the receiving premises is willing to accept the goods; and

(b) where the receiving premises is not a Customs licensed warehouse, the operator is aware that under S.35A(1) of the Customs Act he/she would be liable for the amount equivalent to the duty plus the Goods and Service Tax/Luxury Car Tax/Wine Equalisation Tax, as appropriate, on goods subject to Customs control entrusted in their care, if they cannot account for the goods.

YES

NO

Permission is requested to move the goods specified in the attached Schedule.

Signature of Applicant Date

THE SCHEDULE

LIST ALL DESTINATIONS TO WHICH GOODS WILL BE SENT

(If insufficient number of boxes, please attach addendum sheets containing the information required)

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
1	<input type="text"/>	<input type="text"/>	<input type="text"/>

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

	ESTABLISHMENT CODE	ESTABLISHMENT NAME AND ADDRESS*	GOODS DESCRIPTION
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signed	Date
Name	

NOTES: *Please indicate the physical location of establishment. (The applicant must provide evidence that a commercial arrangement exists with the receiving establishment).