



# AUSTRALIAN CUSTOMS SERVICE



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

## DRAWBACK CLIENT REGISTRATION FORM

The *Privacy Act 1988* says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We need this information to facilitate early payment of eligible drawback claims. If you do not complete the form we may not be able to effect your registration, which may in turn delay your claims for drawback of import duty.

- Note:**
- *Supplying false or misleading information to Customs is a punishable offence.*
  - *Please return this completed form in person, by post or by fax to your nearest Customs office. Appropriate fax numbers can be found at "Customs Forms" on the Customs website [www.customs.gov.au](http://www.customs.gov.au) or alternatively by phoning the Customs Information Centre on 1300 363 263.*
  - *If space is insufficient, supply signed addendum sheets.*

### CUSTOMS USE-ONLY

Claim Registration ID

*(Quote this No. where required on all claims for drawback)*

### CLIENT

1. Client Name

2. Client Type ('C' Registered Companies, 'P' Partnerships, 'G' Government Bodies, 'I' Individuals & Others)

3. ACN/Australian Business Number (for type 'C' Clients only)

4. Financial Institution Account Details:

(a) Account name

(b) Bank/State/Branch Code: (BSB No.)  (c) Account No.

(available from your bank or financial institution)

5. Partner's Details (for Type 'P' Clients whose Partners are Registered Drawback Clients):

(a) Drawback Client ID/S

(b) Name of Partner/s

6. Customs Coded Owner/Supplier (COS) Code Details (where Client has COS Code/s):

(a) COS Code/s

(b) Name/s

7. Licensed Customs Broker Details (for brokers licensed under Customs law other than as 'nominee' brokers):

(a) Licence No.  (b) Broker Name

8. Client's Principal Office (other offices claiming drawback to be detailed overleaf):

Postal Address No./Street

City  State  Post Code

Physical Address (if different) No./Street

City  State  Post Code

9. Client Registration ID (if Client previously registered on DBACS)

### TO BE COMPLETED BY THE CLIENT

Name		Company title of person authorised to complete the Drawback Claim	
Position	Phone No. (include STD)	Facsimile No.	
Signature		Dated / /	

**Client's other offices expected to lodge drawback claims:**

<b>Postal Address</b>	No./Street	<input type="text"/>											
	City	<input type="text"/>					State	<input type="text"/>		Post Code	<input type="text"/>		
<b>Physical Address (if different)</b>	No./Street	<input type="text"/>											
	City	<input type="text"/>					State	<input type="text"/>		Post Code	<input type="text"/>		

<b>Postal Address</b>	No./Street	<input type="text"/>											
	City	<input type="text"/>					State	<input type="text"/>		Post Code	<input type="text"/>		
<b>Physical Address (if different)</b>	No./Street	<input type="text"/>											
	City	<input type="text"/>					State	<input type="text"/>		Post Code	<input type="text"/>		

<b>Postal Address</b>	No./Street	<input type="text"/>											
	City	<input type="text"/>					State	<input type="text"/>		Post Code	<input type="text"/>		
<b>Physical Address (if different)</b>	No./Street	<input type="text"/>											
	City	<input type="text"/>					State	<input type="text"/>		Post Code	<input type="text"/>		

<b>Postal Address</b>	No./Street	<input type="text"/>											
	City	<input type="text"/>					State	<input type="text"/>		Post Code	<input type="text"/>		
<b>Physical Address (if different)</b>	No./Street	<input type="text"/>											
	City	<input type="text"/>					State	<input type="text"/>		Post Code	<input type="text"/>		

<b>Postal Address</b>	No./Street	<input type="text"/>											
	City	<input type="text"/>					State	<input type="text"/>		Post Code	<input type="text"/>		
<b>Physical Address (if different)</b>	No./Street	<input type="text"/>											
	City	<input type="text"/>					State	<input type="text"/>		Post Code	<input type="text"/>		

<b>Postal Address</b>	No./Street	<input type="text"/>											
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	City	<input type="text"/>					State	<input type="text"/>		Post Code	<input type="text"/>		