

REGISTRATION OF TRADERS AND AGENT



Royal Customs and Excise Department
 Ministry of Finance
 Jalan Menteri Besar, Bandar Seri Begawan BB 3910
 Brunei Darussalam
 Tel : 0673- 2382333 Fax : 0673- 2382666

* REGISTRATION TYPE			
<input type="checkbox"/> Registration of Trader <input type="checkbox"/> Registration As An Agent			
PART I * PARTICULAR OF ESTABLISHMENT			
Trader Registration no:	Trader's Name :		
Registered Address :	Post Code :		
Postal Address :	Post Code :		
Telephone No :	Other Telephone No :	e-mail	Fax No :
PART II * COMPANY DIRECTORS			
Director Name 1 :		Director Name 2 :	
Director Name 3 :		Director Name 4 :	
Director Name 5 :		Director Name 6 :	
PART III * BUSINESS TYPE			
<input type="checkbox"/> Air Cargo Agent	<input type="checkbox"/> Government Department	<input type="checkbox"/> Shipping Handler	
<input type="checkbox"/> Airline	<input type="checkbox"/> Importer (dutiable goods)	<input type="checkbox"/> Warehouse Agent	
<input type="checkbox"/> Airline Agent	<input type="checkbox"/> Importer (non-dutiable goods)	<input type="checkbox"/> Authorised Car Dealers	
<input type="checkbox"/> Courier Agent	<input type="checkbox"/> Foreign Embassy	<input type="checkbox"/> Others (Please specify)	
<input type="checkbox"/> Declaring Agent	<input type="checkbox"/> Liquor & Tobacco Law Operator	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
<input type="checkbox"/> Exporter	<input type="checkbox"/> Manufacturer		
<input type="checkbox"/> IForeign Embassy	<input type="checkbox"/> Non Commercial Organisation		
<input type="checkbox"/> IFreight Forwarder	<input type="checkbox"/> Ship Owner		
<input type="checkbox"/> IFreight Forwarding Agent	<input type="checkbox"/> Shipping Agent		

PART IV*** BANK GUARANTEE DETAIL**

[to be filled by Agent and Traders in which payment made by Company's Cheque to the Customs)

Reference No :

Amount :

Bank :

Expire Date :

PART V*** DECLARATION**

[to be filled by Trader's and Agent's Authorized personal]

I declare that the information contained in this form is true and correct and I undertake to inform Customs immediately of any change(s) to the particular in this form. [To be signed by the Chairman/Managing Director/ Director/ Proprietor or a partner of the company/ firm. His/ her name should appear in the Registry of Companies & Firm]

Name :	NRIC/ Passport No :
	Date :
Designation :	Signature:

Important: Don't forget to include

1. Photocopies of NRIC/Passport of authorized person
2. A copy of Business Certificate of Registration Sec 16 and Sec 17
3. Copy of each Company Partnership Identity Card
4. Any relevant documents to support this application (i.e. Customs Certificates)
4. A copy of Bank Guarantee Detail from authorized Bank

Company/FirmStamp

PART VI**FOR OFFICIAL USED ONLY**

[CUSTOMS APPROVAL OFFICER]

Approval Ref No :	Cash Receipt No :	
Date Received :	Effective Date :	Expire Date :

Approval Officer's Name :

Designation :

Departmental Stamp

Signature/ Date
