



CLIENT CODE APPLICATION

PLEASE REFER TO NOTES FOLLOWING BEFORE COMPLETING FORM

FAX COMPLETED FORM WITH IDENTIFICATION REQUIRED (SEE NOTES) TO:

BEACON GLOBAL FREIGHT SOLUTIONS LTD FX: (03) 365 6538

Please tick all of the following which apply

Company <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Individual <input type="checkbox"/>
CCA <input type="checkbox"/>	Excise Client <input type="checkbox"/>	Broker <input type="checkbox"/>	

Will you be Importing or Exporting or Both

Please indicate if you consider yourself to be a Maori Business (for statistical purposes only)

Full Company/Partnership/Sole Trader/Individual Name (refer Note 2 following):

.....

Company Registration Number: GST/IRD Number

Full Street Address: Full Postal Address:

Suburb:

City:

Port Code:

Landline Phone: Fax Number:..... Mobile Number:

Email Address: Web Address:

Full Particulars of all Directors/Shareholders/Partners/Sole Trader/Individual – continuation page on reverse (refer Note 3 following)

1. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number

2. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number

Description of goods: Name of Supplier/Consignor:
(Imported goods only)

Do you currently have goods awaiting clearance? **Yes** **No** Country of Origin:

Country of Export: Country of Destination:
(imports only) (exports only)

Contact person (NB: Copy of ID of Contact Person/Signatory is required)

Full Name: Date of Birth:

Position: Ph: Email:

Please advise **BEACON GLOBAL FREIGHT SOLUTIONS LTD** of the client code allocated to me

Ph: **..(03) 379 5696** Fax: **..(03) 365 6538**

DECLARATION

I declare that the information provided is true and correct. (refer Note 6 following)

Signature: Date:

Official Use Only	New/Existing Code:
Processing Officer:	
Date:	

Full Particulars of all Directors/Shareholders/Partners/Sole Trader/Individual (refer Note 3 following)

3. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number
4. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number
5. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number
6. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number
7. ....	.....	.....	.....	.....
Surname	Given Names	Date of Birth	Identification Type	Number

IMPORTANT INFORMATION

The information on the Client Code application form (and any subsequent customs entries) may be supplied to Statistics NZ for use in official statistics.

NOTES:

1. You must tick ALL boxes that apply.
2. A copy of your company's Certificate of Incorporation must be attached, also details of trading name if different from registered company name. For Partnerships & Sole Traders, trading name (if applicable) is required. Private individuals must supply photo ID, passport or drivers licence.
3. A copy of the passport biography details page is the preferred ID for all names listed including directors/partners/contact persons and signatory of form, however, if no passport exists please provide a copy of that person's driver's licence. All directors / partners must be listed.
4. Complete this section for agent/broker acting on your behalf.
5. The application must be completed and signed by an authorised person of the entity concerned or the importer/exporter of the goods, if the importer / exporter is a private individual.
6. **Incomplete applications will be rejected and returned for completion.**
7. Please note you are required to keep business records in New Zealand pursuant to section 95 of the Customs and Excise Act 1996.