



Application for deferred payment registration

Return to: New Zealand Customs Service
Revenue Management Team
PO Box 29
AUCKLAND 1140

Or email: revenue@customs.govt.nz

Full legal name of business:

Trading name (if different):

GST / IRD number: Importer code:

Please specify goods imported:

Is the business

(a) **A New Zealand registered company**
Certificate of Registration required

(b) **An overseas registered company**
Certificate of Registration and Certificate of Incorporation under the Companies Act 1993 (Part XVIII) required

(c) **Partnership**
Full names and personal identification of all partners required

(d) **Sole trader**
Personal identification required

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Street address of business:
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Postal address for deferred statements:
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Telephone:

Contact person:

E-mail address:

Statement delivery method : Post or Email (NB: One email address per client code, preferably a generic address)

Name and address of in-house and/or external accountant:
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Name and address of in-house and/or external solicitor:
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.....
.....

Telephone:

Telephone:

Please complete the details on the reverse of this form

Have you provided any form of security?

YES / NO

Note: a security (bank guarantee or cash deposit) is usually required for:

- (a) An overseas registered company
- (b) A New Zealand registered company whose director(s) and/or shareholder(s) reside outside New Zealand
- (c) A company that is insolvent
- (d) A trust
- (e) A person who is or has been the subject of a bankruptcy administration

Please list any associated companies/businesses/trusts:

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Is any individual or entity referred to in this application presently under investigation by, or in dispute with, any government organisation, either in New Zealand or overseas?

YES / NO

If "yes" please provide details:

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Contact details for operation of the deferred account:

Name: Designation:

Telephone: Email:

Declaration

Please note: In terms of section 123(2) of the Customs and Excise Act 2018 the Chief Executive may suspend or withdraw the credit facility approval or withdraw or vary any term or condition under which the approval is given.

Full name of director/s or partner/s or trustees or sole trader making this declaration:

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Surname	First name/s	Designation (e.g. director, owner)

I declare that the above particulars are true and correct and understand the terms and conditions of this facility.

Signed: Dated:

Please **attach** personal identification i.e. A copy of Birth certificate/driver's licence/passport (this includes separate identification for each partner where appropriate)

Check List

- | | |
|---|---|
| <input type="checkbox"/> Application form completed and signed. | <input type="checkbox"/> Security (if applicable). |
| <input type="checkbox"/> Direct Debit form completed and enclosed. | <input type="checkbox"/> For a Company— A copy of the Certificate of Incorporation. |
| <input type="checkbox"/> For an Overseas Registered Company—A copy of the Certificate of Registration and a copy of the Certificate of Incorporation under the Companies Act 1993 (Part XVIII). | <input type="checkbox"/> Evidence of identity (as described above). |
| <input type="checkbox"/> Please indicate the credit level required to cover Customs duty/GST for a two-month period \$ | |
| <input type="checkbox"/> If the desired credit limit level is NZ\$50,000 or less please provide a copy of the current balance sheet signed by the director. | |
| <input type="checkbox"/> If the desired credit limit is more than NZ\$50,000 please provide a full set of the latest financial statements signed by the director. | |