



Trade Single Window - Client Registration Application

Please tick all of the following which apply

Company <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Individual <input checked="" type="checkbox"/>
CCA <input type="checkbox"/>	Excise Client <input type="checkbox"/>	Brokerage <input type="checkbox"/>	Freight forwarder <input type="checkbox"/>
Shipping company <input type="checkbox"/>	Shipping agent <input type="checkbox"/>	Diplomatic <input type="checkbox"/>	Carrier <input type="checkbox"/>

Will you be:	Exporting <input type="checkbox"/>	Importing <input checked="" type="checkbox"/>	Both <input type="checkbox"/>	Other <input type="checkbox"/>
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Food Importer:	Do you wish to be an importer under the Food Act 1981?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please indicate if you consider yourself to be a Maori Business		(for statistical purposes only) <input type="checkbox"/>	

Individual name

.....

Company Registration Number:N/A..... GST/IRD Number:N/A.....

Full Street Address: .. Full Postal Address: ..

Suburb: ..

City: ..

Postcode: ..

Landline Phone: Fax Number: Mobile Number:

Email Address: Web Address:

Contact Name: Position in Organisation:

Email Address: Phone: Fax:

If sole trader or individual – Date of birth: Country of birth:

Payment Account Details (if applicable)

Customs deferred account number:N/A..... Ministry for Primary Industries account number:.....N/A.....

Optional: Please advise Customs Broker: .. NZVL..... of the code at email: sandra.harrison@nzvanlines.co.nz

DECLARATION

I (position) of
declare that the information provided is true and correct.

Signature:..... Date:

Date: Processing Officer: Client code: