



APPLICATION FOR A CUSTOMS CONTROLLED AREA

(SECTION 15 OF CUSTOMS ACT CAP No. 7 OF 2013)

Ver. 1.1

Lodgment number:

New License Yes No

Renewal of Existing Warehouse License No _____

1. Contact Details For Application

Name:	Designation:	
Phone:	Mobile:	e-mail:
Postal address:		

2. Operator Name:

3. Business License Number:

4. Establishment (CCA) Name:

5. Physical Site Address:

6. After Hours Contact

Name:	Phone:
Current address:	

7. Company membership & persons who participate in the management or control of the CCA

Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:

If space is insufficient, please attach extra pages

8. Prior Experience

Does the applicant or any of the persons nominated in a position of management or control have any prior experience in the operation of a CCA? (Please tick) Yes No

If yes, please provide a brief outline:

If space is insufficient, please attach extra pages

9. Customs Control Area Categories

Indicate the activities you propose to undertake should the CCA license be approved (Please tick):

- Excise Manufacturer
- Warehouse / Duty Free Shops
- Temporary Storage of Goods (Depot) for Customs Examinations
- Wharfs
- Airports
- Passenger Processing Areas
- Other

Note: Examination of goods subject to Customs Control is conducted by Customs Officers at all CCAs.

10. Use of premises for purposes other than Depot activities

Do you propose to use the CCA for any purposes other than outlined above (Please tick): Yes No

If yes, please provide a brief outline:

If space is insufficient, please attach extra pages

11. Standard Operating Procedures (SOPs)

Do you have documented SOPs in place that may be made available upon request by Customs? (Please tick) Yes No

12. Details of goods to be stored

Please list and/or describe the goods to be stored at your licensed premises:

If space is insufficient, please attach extra pages

13. Attachments

Tick when you have attached the required document:

- Constitutional Documents of the company
- Management and Control
- Corporate Membership Structure
- Copy of Business License
- Site Plans
- Construction of Premises
- Physical Security of Premises
- Examination Facilities
- Physical Separation of Premises
- Ownership/Lease Verification
- Bank/Financial Security
- Insurance documents
- Procedures and Recording Systems (*Flow Chart, Inventory Control and Delivery System*)

I hereby declare that I have supplied all information required in this license application form and attachments as outlined above. I also declare that all the information provided above and the relevant attachments in relation to this license application are true and correct.

Name:

Title:

Signature of applicant:

Date: