



Tē Mana Arahū o Aotearoa

**NEW ZEALAND
CUSTOMS SERVICE**

The Customhouse
50 Anzac Avenue
Box 29
AUCKLAND, NZ

For Enquiries contact Client Services



Moving & Storage LTD

P.O. Box 71058, Rosebank
Auckland, New Zealand

Tel. (64) 9 820 6060
Fax. (64) 9 820 6061

www.worldmoving.co.nz

APPLICATION FOR CLIENT CODE
Fax to Auckland Client Services 09 359-6735

Applicant is a: Private Individual Company Sole Trader Partnership
 Importer Exporter Other

Full Name of Applicant: _____
Date of Birth: ____/____/____
Date of Birth: ____/____/____
Date of Birth: ____/____/____

Note: 1. "Limited" and company registration number must be shown where applicable. Copy of Cert. of Incorporation required as verification. *
* 2. Full trading name and full names of all partners required for sole trader/partnerships.
* 3. Date of birth must be shown for private individuals/partnerships/sole traders. Copy of Drivers licence, Birth Certificate or Passport required as ID. For partnerships a copy of Partnership Agreement or copy of ID required for all partners. *

IRD/GST Number: _____ Company Registration Number: _____

Full Street Address: _____ Full Postal Address: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____

Goods Imported: _____

To be completed if using a Customs Broker

I, _____
Full Name of signatory (below) Title
hereby authorise NZ Customs to advise _____ of the client code
allocated to me. Broker
Contact Person: _____ Brokers Fax: _____

Signed: _____
(Note: For Partnerships all signatures required)

For Customs Use

The New/Existing code is: _____

Customs Officer: _____ Date: _____

IMPORTANT: Please retain this code for future use.

“Professionals You Can Trust”