



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”