

## APPLICATION FOR DEFERRED PAYMENT REGISTRATION

Please read the Deferred Payment Fact Sheet before completing this form and contact this office should you have any queries

Return to: New Zealand Customs Service
National Credit Control Unit

PO Box 29 AUCKLAND

1100							
Full legal name of	business:						
Trading name (if d	lifferent):						
GST / IRD number	r:	Importer code:					
Please specify goods imported:							
Is the business	(a) A New Zealand Registered Company  Certificate of Registration required		(b) <b>An Overseas Registered Company</b> Certificate of Registration and Certificate of Incorporation under the Companies  Act 1993 (Part XVIII) required				
	(c) <b>Partnership</b> Full names and personal iden of all partners required	tification	(d) <b>Sole Trader</b> Personal identification required				
Street address of business:		Postal address for deferred statements:					
Telephone:		Contact person:					
Facsimile:							
E-mail address:							
Name and address of in-house and/or external accountant:			Name and address of in-house and/or external solicitor:				
			one:				

## **EITHER:**

The name and address of the New Zealand based bank and/or finance company (acceptable to Customs) and/or related New Zealand parent / subsidiary company (acceptable to Customs) providing a guarantee.

Note	: a bank or equivalent guarantee is compulso	ory for:					
(a)	An overseas registered company						
(b)	A New Zealand registered company whose director(s) and/or shareholder(s) reside outside New Zealand						
(c) (d)	A company that is insolvent A trust						
(e)	A person who is or has been the subject of	a bankruptcy administration					
(f)	An entity that is the subject of an unsatisfa	ctory credit check					
(g) 	An entity that is applying for re-admission						
Hav	e you enclosed your credit check fee of \$	112.50 (GST inclusive)?		YES / NO			
	se list all or any associated companies/bu						
 Is ar	ny individual or entity referred to in this a	application presently under inves					
	tact details for operation of the deferred a						
Nan	ne:	Designation:					
Telephone: Facsimile:							
	claration name of director/s or partner/s or trustee	s or sole trader making this Dec	laration:				
	Surname	First name/s	Designation (e.g.,	Director, Owner)			
I de	clare that the above particulars are true ar	nd correct.					
Sign	ned:		Dated:				
	se <b>attach</b> personal identification i.e., Bir udes separate identification for each partr		ver's Licence/Passport/Ut	ility Account (this			
Ch	eck List						
	Application completed in full and signed						
	Guarantee or credit check fee.						
	Direct Debit Form completed and enclose	ed.					
	For a Company—Certificate of Registrati	ion.					
	For an Overseas Registered Company—Cunder the Companies Act 1993 (Part XV)	_	copy of the Certificate of I	ncorporation			
	Evidence of identity (as described above)	is required.					
	Please indicate the credit level required to	o cover Customs duty/GST for a	two-month period \$				

If necessary, the application will be held in abeyance until ALL completed documents have been received and completed to Customs' satisfaction.