

### **ZWS ISO 9001:2008 QUALITY MANAGEMENT SYSTEM**

# ZIMBABWE REVENUE AUTHORITY

#### **CUSTOMS AND EXCISE**

### APPLICATION TO BE LICENCED AS A CLEARING AGENT

PART I (To be completed by applicant)

#### UNDERTAKING

I/we hereby apply to be licensed as a Clearing Agent in terms of section 216A of the Customs and Excise Act [Chapter 23: 02].

I/we declare that:

iv)

- 1. I/we have read and understood the provisions of section 216A of the Customs and Excise Act and the relevant sections in the Customs and Excise (General) Regulations. Should my/our application be successful, I/we undertake to submit an Agents Bond Form 129 in the amount determined by the Commissioner and will fully comply with the provisions of the Customs and Excise Act.
- 2. Failure on my/our part to disclose full and correct information may result in this application being rejected.
- 3. Neither I nor my company/partnership has been convicted of any customs offence in the past 5 years.

In support of this application, I/we submit the following details-

1.	Full name of applicant			
2.	Postal address			
3.	Physical address			
	E-mail Address.			
4.	Telephone and Fax Number			
5.	Company Registration Number (copy of Certificate of Incorporation and Memorandum and Articles of Association to be attached)			
6.	Details of Corporate Relationship (Group Companies)			
7.	Business Partner Number			
8.	State whether application is new or renewal			
9.	Details of any bonds/guarantees held by Customs			
10.	Details of bankers and branches			
	Bank Account Number.			
11.	List of shareholders, Directors/Partners – Give full names			
F	FULL NAMES NATIONAL REGISTRATION NUMBER PHYSICAL ADDRESS			
ii				
ii	ii)			



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12. ZIMRA offices where goods will be entered

ZIMRA OFFICE	PHYSICAL ADDRESS OF APPLICANT FROM WHERE BUSINESS WILL BE CONDUCTED	POSTAL ADDRESS

13. Employees authorised sign documentation required by ZIMRA at each place where business will be conducted who are fully conversant with the Customs and Excise Act, Regulations and other requirements. Entries signed by people not listed here will be rejected.

FULL NAME	NATIONAL IDENTITY NUMBER	QUALIFICATION/EXPERIENCE	PLACE	SIGNATURE OF EMPLOYEE
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14. Other Employees

FULL NAME	NATIONAL IDENTITY NUMBER	JOB TITLE	PLACE



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# ZIMBABWE REVENUE AUTHORITY CUSTOMS AND EXCISE

15.	Do you have outstanding duty, PAYE, QPD or VAT to be paid? If so, give details		
16.	Do you have any outstanding ATIPs, RITs or RIBs? If so	o, give details	
17.			
Signed	d by authorised person at	on this	
day	of (month)	(year)	
	(Full names)	Signature	
		Designation	
In the	presence of –		
Witnes	ss(Full names)	Signature	
PART	II (To be completed by the Compliance Manager)		
	eby recommend/not recommend the applicant to commence/o	continue business as a Clearing Agent. (Full names)	
Reason	n/Justification		
Signed	1	. Date	
Place .		Licence Fee Receipt No.	
PART	TIII (To be completed by the Head Compliance & Risk)		
Region	n		
Applic	cation Approved / Not Approved		
Reason	ns/Justification		
Signed	1	Date	
Signet	Head Compliance & Risk	Date	