

**REPUBLIQUE
DE
VANUATU**
JOURNAL OFFICIEL



**REPUBLIC
OF
VANUATU**
OFFICIAL GAZETTE

10 AOUT 2015

NO. 70

10 AUGUST 2015

SONT PUBLIES LES TEXTES SUIVANTS

NOTIFICATION OF PUBLICATION

ORDER

CUSTOMS ACT NO. 7 OF 2013

- APPLICATION FORM FOR A CUSTOMS CONTROLLED AREA ORDER NO. 108 OF 2015



REPUBLIC OF VANUATU

CUSTOMS ACT NO. 7 OF 2013

Application Form for a Customs Controlled Area Order No. 108 of 2015

In exercise of the powers conferred on me by sections 16 and 217 of the Customs Act No. 7 of 2013, I, BENJAMIN MALAS, Director of Customs and Inland Revenue, make the following Order.

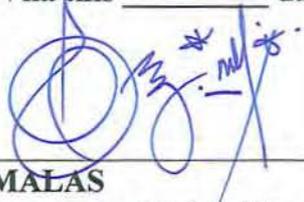
1 Application Form

The application form for a customs controlled area is set out in the Schedule.

2 Commencement

This Order commences on the day on which it is published in the Gazette.

Made at Port Vila this 16 day of JULY, 2015.


BENJAMIN MALAS
Director of Customs and Inland Revenue



SCHEDULE

VANUATU GOVERNMENT – Corporate Services
 The Constitution Building, Lini Highway,
 Private Mail Bag 9012, Port Vila, Vanuatu
 Telephone: (+678) 24544
 Fax: (+678) 22597
 Email: CIRCCorporate@vanuatu.gov.vu
 Website: <http://customsinlandrevenue.gov.vu>



V A N U A T U

CUSTOMS & INLAND REVENUE
SERVICE DE LA DOUANE ET DE
CONTRIBUTIONS INDIRECTES

APPLICATION FOR A CUSTOMS CONTROLLED AREA (SECTION 15 OF CUSTOMS ACT CAP NO. 7 OF 2013)

Ver. 1.0

Lodgment number:

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:

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
- Procedures and Recording Systems
- Insurance documents

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: