

## ZIMBABWE REVENUE AUTHORITY

## 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:

- 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-

l.	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)
5.	Details of Corporate Relationship (Group Companies)
7.	Business Partner Number
3.	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

FULL NAMES	NATIONAL REGISTRATION NUMBER	PHYSICAL ADDRESS
i)		
ii)		
liii)		
iv)		

12.	ZIMRA offices where goods will be entered							
	ZIMRA OFFICE			ODRESS OF APPLICANT E BUSINESS WILL BE	POSTAL ADDRESS			
13.	Employees authorised to 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		AL IDENTITY UMBER	QUALIFICATION/EXPER	RIENCE	PLACE	SIGNATURE OI EMPLOYEE	
14.	Do you have outstanding duty, PAYE, QPD or VAT to be paid? If so, give details							
15.	Do you have any outsta	anding ATIF	s, RITs or RIBs?	If so, give details				
16.	Licence fee enclosed \$							
Sign	ned by authorised person at				on t	his		
day	day of (month)			(year)				
(Full names)				Signature				
					Designa			
In t	ne presence of –							
Wit	ness							
	(Full name	s)			Signatu	re		

PART II (To be completed by the Compliance Expert)					
I,	(Full names) ntinue business as a Clearing Agent.				
Reason/Justification					
Signed	Date				
Place	Licence Fee Receipt No.				
PART III (To be completed by the Compliance Manager /Risk Manager)					
Place					
Application Approved / Not Approved					
Reasons/Justification					
Signed	Date				