



# Application for remission of customs duty

This form is an approved Form under Regulation 128 of the *Customs Regulations 1926*.

## WHEN TO USE THIS APPLICATION

You should complete this form if you are entitled to apply for a remission of customs duty payable on goods that have not been delivered into home consumption.

## COMPLETING YOUR APPLICATION

- Print clearly, using a black or blue pen only.
- Use BLOCK LETTERS and print one character per box.

➔ If you need help, contact us on **1300 137 290**.

⚠ We require this information (under section 163 of the *Customs Act 1901* and regulation 128 of the *Customs Regulations 1926*) to consider your application for remission of duty.

### 1 Owner details

⚠ While it is not compulsory to provide your ABN, it will help us process your application promptly.

Owner ID (ABN, ABN/CAC or CCID)

Owner name

  


Import declaration ID

### 2 Broker details – if applicable

Nominee broker licence number

Contact broker phone number

Broker reference

### 3 Goods details

Name of ship/aircraft or establishment

  


Establishment code

Date of arrival

Day                      Month                      Year

 /  / 

Location of goods at time of application

**3 Goods details – continued**

Marks and numbers	Number of packages, description of goods, rate and tariff item	Amount of duty sought to be remitted
		\$
		\$
		\$
		\$
	<b>Total</b>	\$

**I request a remission of the stated amount of duty on the above mentioned goods for the following reason(s):**


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## Declaration

### Privacy

Tax law authorises us to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy, go to [ato.gov.au/privacy](http://ato.gov.au/privacy)

*I am a person duly authorised to make this claim for a remission and declare that the information provided is true and correct.*

Name

Position

Daytime phone number (including area code)

Fax

Email address

Signature of:

Owner of the goods

Agent of the owner

Signature

Date

Day:  / Month:  / Year:

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## Lodging your application

Keep a copy of your completed application for your records and either:

- fax it to **1300 130 916**
- send the original to us at  
**Australian Taxation Office**  
**PO Box 3514**  
**ALBURY NSW 2640**

# ATO Use Only

Date

Day                      Month                      Year                      State  
□□ / □□ / □□□□                      □□□

ATO file reference

\_\_\_\_\_

Name of section

\_\_\_\_\_

Application received and entered in register? No  Yes

ATO officer name

\_\_\_\_\_

ATO officer signature

\_\_\_\_\_

Date

Day                      Month                      Year  
□□ / □□ / □□□□

**Officer's report and recommendation – attach schedule if insufficient space**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATO officer signature

\_\_\_\_\_

Date

Day                      Month                      Year  
□□ / □□ / □□□□

## Remission/import declaration

Remission approved No  Yes

Import declaration endorsed No  Yes

ATO officer signature

\_\_\_\_\_

Date

Day                      Month                      Year  
□□ / □□ / □□□□

**Complete this section if destruction or export of goods will take place pursuant to Customs Regulation 127(4)**

Exported or Destroyed in my presence No  Yes

ATO officer name

\_\_\_\_\_

ATO officer signature

\_\_\_\_\_

Date

Day                      Month                      Year  
□□ / □□ / □□□□

Remission Certified No  Yes

ATO officer name

\_\_\_\_\_

ATO officer signature

\_\_\_\_\_

Date

Day                      Month                      Year  
□□ / □□ / □□□□