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|---|
| For official use |
| Date and record number of the application |

The latest approved financial statements must be annexed
(balance sheet book + auditor's report)

Registered credit customer status
 Business status/Other _____
 More than one place of business

Electronic submission of import declaration (**obligatory data**)

Yes No

A. APPLICANT

| | |
|--|-------------------------------|
| Business and entity identity code (<i>Business ID</i>) | Official name of the business |
| Entered into the Trade Register | Principal place of business |
| Ownership base | Possible website address |
| Possible business the applicant continues to run | |
| Company's main line of business | |
| Main articles of import | |

B. ESTIMATE OF THE TOTAL INVOICED BY CUSTOMS

Estimate of the total invoiced by Customs (*customs duty, VAT and other charges/euro*) or estimate in per cent of the development of the total sum invoiced during the year-long period following the year of application

C. TO BE COMPLETED BY THE PARTIES APPLYING FOR A REPRESENTATIVE POSITION

(relates only to forwarding companies)

| | | |
|--|--|---|
| <input type="checkbox"/> Indirect representative | <input type="checkbox"/> Direct representative with a guarantor's responsibility | <input type="checkbox"/> Direct representative with a guarantor's responsibility (<i>limited liability</i>) |
|--|--|---|

D. POSSIBLE EXCLUSIONS

(only the following registered credit customer authorisations are applied)

| | | | |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Ship clearance | <input type="checkbox"/> Imports to Aland from other parts of the Community | <input type="checkbox"/> Importation of electricity and natural gas |
|--------------------------------------|---|---|---|

E. APPLICANT'S PLACE OF BUSINESS DETAILS

| | |
|---|--|
| Additional details (e.g. <i>auxiliary company name, factory name or C/o</i>) | |
| Street address (<i>not P.O. Box</i>) = address for sending clearance decisions | Postal code for the street address and town or city |
| Address for sending periodic filing for clearance = invoicing address | Postal code for the periodic filing and town or city |
| Bank account number of the place of business (<i>for possible refund of taxes and fees</i>) | |
| Contact person (<i>payment of customs invoices</i>) | Phone number |
| Fax number | Email address |

If the application covers more than one place of business, a separate attachment must be completed for each additional place of business (notification of change - B. new details of the place of business)

F. AUTHORISATION FOR ELECTRONIC SUBMISSION OF IMPORT DECLARATION

EDI customs clearance for import, the application relates to

- EDI declarant
 EDI consignor

F1. CONTACT PERSON FOR EDI CUSTOMS CLEARANCE AND FILING

| | | |
|-------------------------|---------------|---|
| Name | | Phone number |
| Fax number | Email address | |
| Deputy person in charge | | Phone number |
| Fax number | Email address | |
| P.O. Box address | | Postal code for the P.O. Box address and town or city |

Customs maintains a public register of EDI declarants, which is available at Customs websites

F2. TO BE COMPLETED BY THE PARTIES APPLYING FOR EDI CONSIGNOR STATUS

| | | |
|---|---------------|--------------|
| Company's contact person for technical issues | | Phone number |
| Fax number | Email address | |
| Deputy person in charge | | Phone number |
| Fax number | Email address | |
| Name of the software supplier | | |
| Contact person | | Phone number |
| Fax number | Email address | |
| Name of the operator | | |
| Contact person | | Phone number |
| Fax number | Email address | |

G. GUARANTEES

| | |
|--|--|
| Other application matters that are pending in Customs | |
| Possible earlier guarantees furnished to Customs (<i>excluding customs transit</i>) | |
| Other companies (<i>group</i>) with which the applicant might provide a joint guarantee | |
| Determination of the guarantee level provided by our company <input type="checkbox"/> The needed guarantee will be determined by the National Board of Customs in accordance with our guarantee category. <input type="checkbox"/> The amount of the guarantee is in principle less than the amount of debt and liability. <input type="checkbox"/> Our company will determine the guarantee amount autonomously, in which case a full guarantee shall be automatically reserved for each operation to cover the debt/liability. The amount of the guarantee _____ euro provided by us will be | |
| Type of guarantee we propose | |
| <input type="checkbox"/> bank guarantee | <input type="checkbox"/> pledge of real estate |
| <input type="checkbox"/> pledge of a bank account | <input type="checkbox"/> pledge of securities |
| Contact person for guarantee issues | Phone number |
| Fax number | Email address |

H. ADDITIONAL INFORMATION AND ATTACHMENTS

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|--|

I. SIGNATURE

| | |
|--|---------------|
| Contact person for application process | Phone number |
| Fax number | Email address |
| Signature and date | |

Attachments _____ sheets

The application shall be sent by mail to the following address:

National Board of Customs
Customer Relations and Credit
Management Unit
P.O. Box 512, 00101 HELSINKI

or by fax:

+358 (0)20 492 2852

Additional information

Telephone: +358 (0)9 6141