

This form is also used to update address details of EDI declarant and EDI consignors, or address details of the authorisation to use the local clearance, periodic declaration or self-filing procedure. Other changes concerning the above-mentioned authorisations must be notified to the authoriser.

This form can be used to notify of changes to the place of business address, contact person or bank account details or to the details concerning electronic declaration. If the company's business ID changes, the company must submit a new application using form 233s-08 (Application for registered credit customer of Customs). This form is used only to notify of changed details.

**BASIC DETAILS OF THE BUSINESS**

Business and entity identity code ( <i>Business ID</i> )	T continuation sheet for the places of business *
Official name of the business	

*\* this information is obligatory only in cases when the authorisation of a registered credit customer of customs covers several places of business (T continuation sheets)*

**A. NEW PLACE OF BUSINESS DETAILS**

Additional details ( <i>e.g. 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 the 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

**B. AUTHORISATION FOR ELECTRONIC SUBMISSION OF IMPORT DECLARATION**

***B1. 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

***B2. 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

**C. DATE THE CHANGE IS EFFECTIVE**

The change becomes effective on
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**D. ADDITIONAL INFORMATION**

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**E. SIGNATURE**

Date	Signature and clarification of signature
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*The notification 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)9 640 077

*Additional information*  
Telephone: +358 (0)9 6141