

CUSTOMS & EXCISE DIVISION CUSTOMS AGENT/BROKER AUTHORIZATION FORM

To the Commissioner General:

Pursuant to the provisions of **Section 127** of the Customs and Excise Act, I/We hereby submit the following authorization certification to have the under-mentioned Agent/Broker act on my/our behalf for Customs purposes. To this effect I/We provide the following details:

I.	IDENTIFICATION OF COMPANY / INSTITUTION AUTHORISING
	AN AGENT / BROKER TO ACT ON THEIR BEHALF

Name:			TIN:			
Physical Business	s Address:					
Postal Address:						
Telephone:			Fax:			
E-mail Address:				•		
II. AUTHORIS	SATION			_		
	e the undersigned, hereby authorize to act on our alf in all manners relating to Customs import/export clearance, including signing of the following uments:					
Form 12	Form 19	Form TAA.4	Form TAA.5			
	carried out by		on our behalf shall	•••		
			Officer on any other authorized conion executive			
NB: This form must be signed by the Chief Executive Officer or any other authorized senior executive, and duly include the official company stamp/seal or the owner of the imported/exported goods or						

- This form must be completed in duplicate with first copy retained by the principal and the duplicate retained by the agent
- The duly completed form must be attached to the respective Customs Declaration in the ASYCUDA system

their authorised representatives.

Name of Signatory (PLEASE PRINT):						
This dumorization is valid for the above deduced consignment of until further written notice.						
III. VALIDITY OF AGREEMENT/AUTHORISATION						
This agreement/authorisation is made for the following transaction:						
Invoice Number:	Dated: V	alue:				
This authorization is valid for the above detailed consignment or until further written notice.						
IV. AGENT/BROKER DETAILS						
The undersigned, being a duly licence Customs Agent/Broker under Section 128 of the Customs and Excise Act, do hereby accept the appointment as a Customs Agent/Broker for:						
Name & Address of Appointee)						
Name:		_TIN:				
Company Name (if applicable):						
Postal Address:						
Telephone:	Fax:					
Email Address:						
	Signature					

V. GENERAL CONDITIONS

The applicant/Customs Agent agrees to notify the Commissioner General within 24 hours of any changes in the following situations:

- 1. Termination of the agreement by either party as long as the stated transaction has not been processed.
- 2. Change in the appointee's or agent/broker address.
- 3. Change in the appointee's or agent/brokers name.
- 4. Cessation of business with Malawi Revenue Authority.
- 5. In case of bankruptcy of the appointee or the agent/broker.
- 6. Where the appointee or the agent/broker are convicted of any offence punishable under the Customs, taxation or criminal legislation.

Note: By signing this application form, the applicant agrees to comply with all and every condition listed in (1) to (6) above.

Name of Authorised Customs Agent's Signatory (PLEASE PRINT):

- This form must be completed in duplicate with first copy retained by the principal and the duplicate retained by the agent
- The duly completed form must be attached to the respective Customs Declaration in the ASYCUDA system

Company Stamp/Seal