



## Trade Single Window - Client Registration Application / Update

PLEASE COMPLETE ALL FIELDS and refer to notes on page 4 before completing form. For overseas suppliers use NZCS 226.

Email INITIAL applications to [clientcodes@customs.govt.nz](mailto:clientcodes@customs.govt.nz) and UPDATES to [clientupdate.request@customs.govt.nz](mailto:clientupdate.request@customs.govt.nz) or fax to 09 927 8015. For NZ Customs enquiries phone 0800 428 786. For food importer enquiries email: [approvals@mpi.govt.nz](mailto:approvals@mpi.govt.nz) or phone 0800 008 333.

IS THIS AN UPDATE?	YES <input type="checkbox"/>	Existing Client Code(s) .....	Or TSW Reg No. ....
ARE YOU A B2B CLIENT?	YES <input type="checkbox"/>	If B2B, What Software Do You Use? .....	
<b>DO YOU IMPORT FOOD FOR SALE? (If yes also complete page 3 to register as a Food Importer) YES <input type="checkbox"/></b>			

Which of these are you?:

Company – NZ Registered <input type="checkbox"/>	Company – Unregistered <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Individual <input checked="" type="checkbox"/>	Embassy <input type="checkbox"/>	Other <input type="checkbox"/>
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What client codes do you need?:

Importer <input checked="" type="checkbox"/>	Exporter <input type="checkbox"/>	Importer/Exporter <input type="checkbox"/>	Excise <input type="checkbox"/>
Carrier <input type="checkbox"/>	Diplomatic <input type="checkbox"/>	Third Party Notify <input type="checkbox"/>	Freight Forwarder <input type="checkbox"/>
Shipping Company <input type="checkbox"/>	Shipping Agent <input type="checkbox"/>	Brokerage <input type="checkbox"/>	Port Authority <input type="checkbox"/>

**If SOLE TRADER or INDIVIDUAL (refer notes 2 & 3b on page 4):**

Full Name: Teng Yan Loke .....

Trading As: Teng Yan Loke .....

Previous Names: .....

Date of birth: 12 Feb 1976 ..... Country of birth: Malaysia .....

Gender: Female  Male  Unknown  Not Stated  Occupation: IT Manager .....

Landline Phone: ..... Fax Number: ..... Mobile Number: 0220621342 .....

Email Address: lokety@gmail.com ..... Web Address: .....

**Go to Page 2 Physical Address**

**If COMPANY, PARTNERSHIP or OTHER ORGANISATION (full particulars of all directors/partners/trustees to be listed below)**

Full company/partnership/other organisation name (refer note 3 on page 4): .....

Trading As: .....

New Zealand Business Number (NZBN): .....

New Zealand Company Registration Number: ..... GST/IRD Number: .....

Landline Phone: ..... Fax Number: ..... Mobile Number: .....

Email Address: ..... Web Address: .....

Please indicate if you consider yourself to be a Maori Business (for statistical purposes only)

**Contact Person:** .....

First Name(s)	Last Name	Position in Organisation
.....	.....	.....
.....	.....	.....

Phone Number(s) ..... Email Address .....

**Full Particulars of all directors/partners/trustees as per ID provided (refer note 3 on page 4):**

	First Name(s)	Last Name	Date of Birth	Identification Type	Number
1.	.....	.....	.....	.....	.....
2.	.....	.....	.....	.....	.....
3.	.....	.....	.....	.....	.....
4.	.....	.....	.....	.....	.....

**PHYSICAL Address:**

Street Number: 61 .....  
 Unit Number: ..... Floor Level: .....  
 Property Name: ..... Property Type: .....  
 Street Name: Salamanca Road ..... Street Type: .....  
 Suburb : Sunnynook ..... Town/City: Auckland .....  
 State: ..... Country: New Zealand .....  
 Postcode: 0620 .....

**POSTAL Address (if not same as above):**

Street Number: .....  
 Unit Number: ..... Floor Level: .....  
 Property Name: ..... Property Type: .....  
 PO Box: ..... Private Bag: .....  
 Street Name: ..... Street Type: .....  
 Suburb : ..... Town/City: .....  
 State: ..... Country: .....  
 Postcode: .....

**BILLING Address (if different from physical and postal addresses):**

Street Number: .....  
 Unit Number: ..... Floor Level: .....  
 Property Name: ..... Property Type: .....  
 PO Box: ..... Private Bag: .....  
 Street Name: ..... Street Type: .....  
 Suburb : ..... Town/City: .....  
 State: ..... Country: .....  
 Postcode: .....

**Ministry of Primary Industries Account Number (if applicable):** .....

**Optional: SET TSW BROKERAGE ACCESS** (see further information on page 4)

Please indicate if you wish to restrict the use of your code to nominated Brokers only? Yes  No

If yes:

Brokerage Code (if known): ..... Brokerage Name: .....  
 Brokerage Code (if known): ..... Brokerage Name: .....  
 Brokerage Code (if known): ..... Brokerage Name: .....

*(attach a supplementary list if more than three brokerages)*

**Optional: LODGEMENT NOTIFICATIONS** - To receive TSW notifications for lodgements (see further information on page 4):

1. Select ONE of the following notification methods:

Do not notify  Email  B2B Messaging  B2B Software:

For Email add name of person to be notified: Teng Yan Loke.....  
 Person's email address: lokety@gmail.com

2. Select which lodgement types you wish to receive notifications for:

Import  Export  OCR  CRE  ICR  ANA  Excise  AND

3. Select which lodgement statuses you wish to be notified of:

Cancelled  Cleared  Directions given  Error  Declaration Required  Written Off

*(Attach a supplementary sheet if you require more than one person to be notified by email)*

**FOOD IMPORTER REGISTRATION (Complete this section as well as the rest of the form to register as a food importer under the Food Act 2014)**

**This section must be completed for MPI to determine whether an applicant meets the criteria for approval for registration.**

**Learn about the obligations of a registered food importer here:** <https://www.mpi.govt.nz/importing/overview/food-imports/>

If you need help with registering as a food importer, contact MPI by: Email: [approvals@mpi.govt.nz](mailto:approvals@mpi.govt.nz); Phone: **0800 008 333** or **04 894 2550**

**Registration Payment Information FOR FOOD IMPORTERS ONLY:** Under sections 113 and 114 of the Food Act 2014, and the Food (Fees and Charges) Regulations 2015, you are required to pay a fee before MPI can process your application.

Food Importer registrations are annual. For renewals, MPI will email an importer 6 weeks prior to expiry with instructions on the renewal process.

The registration fee for a **new food importer** application is **\$116.44 (incl. GST)**, the **renewal** fee for a food importer is **\$77.63 (incl. GST)**. Please submit payment to the Ministry for Primary Industries as soon as possible and email us once payment is made. We cannot proceed with your application without receiving the above payment.

Payment options are below. We prefer payment via Direct Credit. Please ensure your payment is correctly referenced with either your NZBN or Applicant Name.

**ON PAYMENT THIS BECOMES A TAX INVOICE GST NO: 64-558-838**

**DIRECT CREDIT (preferred):**

- Pay into Bank Account no. 03 0049 0001709 002
- In the 'Reference' details please put your Client Code or NZBN.
- Email [approvals@mpi.govt.nz](mailto:approvals@mpi.govt.nz) to confirm the date that payment has been made.

**CREDIT CARD:**

To pay by credit card please email your 12 digit credit card number, Cardholder name, and expiry date of the card to [approvals@mpi.govt.nz](mailto:approvals@mpi.govt.nz) with subject line: Credit Card payment request – and your Client Code number  
**Note: MPI only accepts VISA and MasterCard**

You must be a fit and proper person to be registered as an importer. Do any of the following apply to the applicant, or any director, manager, significant shareholder of the applicant?

- a) Specified convictions? Yes  No
- b) A serious or repeated failure to comply with the duties of an importer? Yes  No
- c) Any other grounds for considering that the applicant is likely in the future fail to comply with the duties of an importer? Yes  No

Please refer to notes on page 4 for further information.

If you answer "Yes" to any question, please provide details:

To register as a food importer you or your company must be a **New Zealand resident** as defined in sections YD1 (for persons) or YD2 (for companies) of the [Income Tax Act 2007](#).

**Please tick here to confirm you meet this requirement**

OPTIONAL: Please advise Customs Broker ..... of the code at email: .....

**DECLARATION (refer Note 4 over page)**

I Teng Yan Loke ..... (position) IT Manager .....  
of Teng Yan Loke..... declare that the information provided is true and correct.

Signature:  .....

Date: 3 Sep 2019 .....