Tradex Duty Liability and Payment Form

Tradex Scheme Act 1999

Deadlines apply. Send this form to your local AusIndustry Office.

Details about the Tradex Scheme can be found in the Tradex Customer Information Guide – available at www.business.gov.au, or call the Contact Centre on 13 28 46.

Protecting your confidential information is important to us. The confidentiality of information provided to AusIndustry is protected by the relevant provisions and penalties of the Public Service Act 1999, the Public Service Regulations 1999, the Privacy Act 1988 and the Crimes Act 1914, as well as the common law. The use and disclosure of information provided by Tradex Order Holders is discussed in the Guide to Completing the Application for a Tradex Order Form and in the Tradex Customer Information Guide.

Before you Begin

Purpose of this form

This form is to describe the reason/s (circumstance) Tradex duty is being paid and to show the calculated amount of Tradex duty submitted by the Tradex Order Holder.

Tradex Duty

Tradex duty is the duty that is payable under section 21 of the Tradex Scheme Act 1999 and imposed by the Tradex Duty Imposition (Excise) Act 1999, the Tradex Duty Imposition (Customs) Act 1999 and the Tradex Duty Imposition (General) Act 1999.

Failure to pay Tradex duty within the prescribed period carries a penalty under Section 28 of the Tradex Scheme Act 1999.

Method of Payment

This form must be lodged with an AusIndustry office when making a Tradex duty payment and accompanied by a cheque or details of an Electronic Funds Transfer (EFT). For details on making EFT payments see page 4.
**Tradex Order Holder Information**

1. Tradex Order Number
   
   20 - [ ]

2. Name of Tradex Order Holder
   
   **If individual or sole trader**
   
   Mr, Ms, etc, given name/s
   
   Family name (surname)
   
   Birth date

   **If company or other incorporated entity**
   
   Legal/registered name

3. Australian Business Number (ABN) 
   
   (if you have one)

4. Australian Company Number (ACN)
   
   (if you have one)

5. If no ABN please quote CCID 
   
   (Customs Client Identifier)

6. Have any business or contact details changed recently?
   
   [ ] Yes ☐ Go to Question 7
   
   If your ABN or legal/registered name has changed please contact your nearest AusIndustry office or the AusIndustry Hotline on 13 28 46.

   [ ] No ☐ Go to Question 18

7. Website address (if you have one)

8. Business email address (if you have one)

9. Trading name/s (if you trade under another name)

10. Business street address
    
    Street
    
    Suburb
    
    State
    
    Postcode

11. Business postal address (if different to above)
    
    Postal
    
    Suburb
    
    State
    
    Postcode

12. Nominated contact person for Tradex matters
    
    Mr, Ms, etc, given name/s
    
    Family name (surname)

13. Contact person’s position
    
    [ ] Chief Executive Officer
    
    [ ] Financial Controller / Accountant
    
    [ ] Company Secretary
    
    [ ] Partner
    
    [ ] Managing Director
    
    [ ] Manager
    
    [ ] Director
    
    [ ] Other - Specify below ☐

14. Preferred method of contact (tick one only)
    
    [ ] Email
    
    [ ] Phone
    
    [ ] Letter

15. Contact phone
    
    Contact mobile
    
    Contact fax

16. Contact email address (if not same as business email)

17. Postal address of contact person
    
    (If not the same as the business postal address)
    
    *all Tradex correspondence will be sent here*
    
    Street
    
    Suburb
    
    State
    
    Postcode

18. Customs Broker details (if you have one)
    
    Broker Business Name
    
    Broker’s Name
    
    Broker’s Phone
### Duty Liability Agreements

Do you have a written agreement approved by AusIndustry to reconcile your Tradex duty liability on a periodic basis?

If **Yes** ⇒ Go to Question 19

If **No** ⇒ Go to Question 20

For further information regarding reconciliation payment agreements please contact an AusIndustry Office.

### Agreed Method/s

<table>
<thead>
<tr>
<th>Duty payment details</th>
<th>Approved Agreed Method (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goods consumed or used in Australia</td>
<td></td>
</tr>
<tr>
<td>Goods disposed of, or otherwise dealt with in Australia</td>
<td></td>
</tr>
<tr>
<td>Other Tradex non-compliance issues</td>
<td></td>
</tr>
<tr>
<td>Goods not exported within the approved period</td>
<td></td>
</tr>
</tbody>
</table>

Reconciliation period: ____/____/____ to ____/____/____

Amount of Tradex Duty: $A____________

### Other Duty Payments

(attach a schedule if insufficient space)

<table>
<thead>
<tr>
<th>Customs Entry Number</th>
<th>Tariff Chapter Classification</th>
<th>Tradex Duty Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First two digits</td>
<td>$A________________</td>
</tr>
</tbody>
</table>

#### Description of Goods:

- Goods consumed or used in Australia - date ___/___/___
- Goods disposed of, or otherwise dealt with in Australia - date ___/___/___
- Other Tradex non-compliance issues - date ___/___/___
- Goods not exported within the approved period - date ___/___/___
Payment Details

21 Please supply payment details:

Cheques
Make payable to:

AusIndustry – Tradex duty

Cheque Account Name

Cheque Number Date of cheque

Cheque Amount $A

EFT Payments
Direct credit to:

BSB No. 092-009 Account No. 118662

Reference ID should include the word Tradex plus your Tradex order number and the Month and year of payment.

For example:
Tradex 2010-990 Jan 2012

Reference ID: Date of payment

Payment reference number Payment Amount

$A

When you make an EFT payment please also forward your payment details to AusIndustry by either e-mail:

E-mail: CPM@industry.gov.au; and copying in TradexNSW@industry.gov.au

or fax to:

Fax: 02 6213 6808

Declaration

22 Authorised person declaration.
I declare that:

 I am the person who holds the Tradex Order (for payments by individuals) or an officer of the entity that holds the Tradex Order and I am duly authorised to make this payment and declaration (for payments by incorporated entities).

 I declare the above information provided in this form, together with any attached statement or schedule is true, correct and accurate in all material particulars.

 I understand that I may be requested to provide further clarification or documentation to verify the information supplied in this form.

 I understand that the giving of false or misleading information is a serious offence.

Print name of signatory

Mr, Ms, etc Given name/s

Family name (surname)

Signatory’s position

Chief Executive Officer

Company Secretary Partner

Managing Director Manager

Director Other Specify below *

Signature

Day Month Year

Date [ ] / [ ] / [ ]

Send this form to your local AusIndustry Office.
Details of these offices are available at www.business.gov.au or call Contact Centre on 13 28 46.