



BARBADOS CUSTOMS & EXCISE DEPARTMENT

APPLICATION FOR CUSTOMS REGISTRATION NUMBER

To the Comptroller of Customs and Excise:

Pursuant to Customs NOTIFICATION, I hereby apply for a Customs Registration Number for use in the completion of the Single Administrative Document (S.A.D.) at Import and/or Export. My details are as follows:-

1) Applicant Details:

<input type="checkbox"/> INCORPORATED COMPANY	<input type="checkbox"/> PRIVATE INDIVIDUAL	<input type="checkbox"/> TRANSIT SHED
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> COURIER	<input type="checkbox"/> GOV'T DEPARTMENT
<input type="checkbox"/> BUSINESS NAME	<input type="checkbox"/> CARRIER AGENT	<input type="checkbox"/> GOV'T AGENCY
<input type="checkbox"/> ESTATE	<input type="checkbox"/> PRIVATE WAREHOUSE	<input type="checkbox"/> OTHER
<input type="checkbox"/> CLEARING AGENT	<input type="checkbox"/> PUBLIC WAREHOUSE	

LEGAL NAME: _____

ADDRESS: _____

TEL. NO. _____ FAX NO: _____

EMAIL ADDRESS: _____

TIN NO.: _____ NRN/PP NO.: _____
(TAX IDENTIFICATION NO.) (NATIONAL REGISTRATION NUMBER/PASSPORT NO.)

COMPANY NO.: _____ CHARITY NO.: _____

2) Change(s) To Existing Registration:

LEGAL NAME: _____

ADDRESS: _____

TEL. NO. _____ FAX NO: _____

EMAIL ADDRESS: _____

TAX IDENTIFICATION NO.: _____ NEW TAX IDENTIFICATION NO.: _____

PLEASE READ CAREFULLY THE INSTRUCTIONS TO APPLICANTS ON PAGE TWO OF THIS DOCUMENT BEFORE YOU SIGN THIS APPLICATION.

_____ APPLICANT'S NAME & TITLE	_____ APPLICANT'S SIGNATURE	_____ DATE OF APPLICATION
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_____ CLEARING AGENT'S NAME & NO. (IN ACCORDANCE WITH CAP.66 249A)	_____ NAME & SIGNATURE	_____ DATE OF APPLICATION
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INSTRUCTIONS TO APPLICANTS:

- 1. All sections of this application form must be completed and all applicable information provided.
- 2. If the applicant is a company, this form must be signed by the General Manager or another authorized senior executive, and duly include the official company stamp/ seal.
- 3. If a Clearing Agent is submitting on behalf of the applicant their name, number and signature must be provided as required on the application. For Clearing Agents operating brokerages with fulltime and/or contracted Customs Clerks (who may make applications on the company’s behalf) the aforementioned is required in addition to the company’s stamp and Clerk’s name and signature.
- 4. By signing this Application for Customs Registration Form, the applicant agrees to all requirements and conditions set out in this form and any other reasonable conditions that may be imposed by the Comptroller of Customs in respect of the registration.
- 5. Private Individual (residing in Barbados): Must supply a copy of your Tax Identification Number and National Registration Number.
- 6. Private Individual (non-residents/visitors to Barbados): Must supply a valid form of Identification e.g. Passport.
- 7. All Commercial Businesses/Enterprises: Must supply a copy of your Tax Identification Number, a copy of the Certificate of Registration, Certificate of Incorporation, Notice of Address.
- 8. All Business Names or Sole Proprietorships: Must supply a copy of your Tax Identification Number and a copy of the Certificate of Registration.
- 9. Charities: Must supply a copy of your Tax Identification Number, Certificate of Registration, evidence of affiliation under the Charity Act.
- 10. All Applicants claiming concessions/waivers/exemption from duties and/or taxes must submit in addition to the aforementioned requirements, all related authorities to support the concessions/waivers/exemption being claimed. Authorities include but are not limited to concession letters, farmer’s identification etc.

N.B. Clarification on instructions listed above can be sought from the Information Systems Unit via email asycuda@customs.gov.bb or via Help Desk Hotline 535-8733.

FOR OFFICIAL USE ONLY

DATE & TIME R’CVD: _____

PROCESSING OFFICER: _____

APPROVED: YES ☐ NO ☐

APPROVAL DATE: _____

CUSTOMS NO.: _____

ADD. CPC NO.: _____

DATE & TIME NOTIFIED: _____

REFERRED TO: _____

REFERRED BY: _____

COMMENTS:

