



THE CUSTOMS AND EXCISE DEPARTMENT



Application For Trusted Trader Program (TTP)

TO: COMPTROLLER OF CUSTOMS

DATE:
(YY/MM/DD)

For Official Use

Our Ref:

PART I GENERAL INFORMATION

1.	Type of Application: New Application
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PART II COMPANY'S INFORMATION

2.	Company Name: (<i>Block capitals</i>)	
3.	Type of Business (<i>Please tick the applicable boxes</i>) <input type="checkbox"/> Manufacturer <input type="checkbox"/> Exporter <input type="checkbox"/> Importer <input type="checkbox"/> Warehouse Operator <input type="checkbox"/> Other _____ (<i>Please specify</i>)	
4.	Company's Registration Number:	
5.	Tax Identification Number:	
6.	Registered Business Address: Office(s) Warehouse(s) Manufacturing Plant(s) (<i>if applicable</i>)	
7.	Mailing Address (<i>if different from the business address</i>):	
8.	Website Address:	

ALL CORRESPONDENCE SHOULD BE ADDRESSED TO THE COMPTROLLER OF CUSTOMS

9.	Contact Person:	
	Name:	
	Status:	
	Telephone Number:	
	Fax Number:	
	Email Address:	
10 A.	Authorised Customs Broker(s) and Clerk(s)	
	Name:	
	Status:	
	Telephone Number:	
	Fax Number:	
	Email Address:	
10 B.	Key Individual Responsible for Customs Operations	
	Name:	
	Status:	
	Telephone Number:	
	Fax Number:	
	Email Address:	

Additional information can be attached using the above box numbers as references where applicable.

PART III DECLARATION

I, hereby declare that all the information given in this application and in all documents submitted herewith is true and accurate.

I, understand and agree that all information submitted in relation to this application will be verified by the Barbados Customs and Excise Department as required.

.....
Authorised Signature *

.....
Position in Company

.....
(Print Full Name of Signatory)

.....
Date and Company Stamp

**The person signing this application should have written authorisation from the Director(s) of the company to make this application and act for and on behalf of the company in all matters pertaining to the TTP.*

Note: Incomplete or inaccurate information provided on the Form may affect consideration and processing of the application, and may result in the application being deferred or rejected.

PART IV FOR OFFICIAL USE

Approval Status: ☐ Approved
☐ Deferred
☐ Rejected

Certifying Officer:

Remarks:

Signature & Date:

PART V ENQUIRIES

Enquiries concerning the Trusted Traded Program or data entered on this form, including the request for access to and updating of such data, should be addressed to:

The Chairperson
Trusted Traded Program Committee

CLIENT ASSISTANCE:

The Trusted Traded Program Team
Customs & Excise Department
2nd Floor West Wing
Warrens Office Complex
Warrens, St. Michael
Telephone: (246) 535-8700
Fax: (246) 421-2029