



Application for Deferred Payment Registration

Please read the Deferred Payment Fact Sheet before completing this form and contact this office should you have any queries

Return to: Cook Islands Customs Service
PO Box 120
AVARUA, RAROTONGA

Full legal name of business:

Trading name (if different):

RMD number: Importer code:

Please specify goods imported:

Is the business

(a) **A Cook Island registered company**
Certificate of Registration required

(b) **An overseas registered company**
Certificate of Registration and Certificate of Incorporation under the Companies Act 1970-1971 required

(c) **Partnership**
Full names and personal identification of all partners required

(d) **Sole trader**
Personal identification required

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Address of business:

Postal address for deterred statements:

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Telephone:

Contact person:

Facsimile:

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E-mail address:

Statement delivery method : Post or Email (NB: One email address per client code, preferably a generic address)

Name and address of in-house and/or external accountant:

Name and address of in-house and/or external solicitor:

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Telephone:

Telephone:

Please complete the details on the reverse of this form

EITHER:

The name and address of the Cook Islands based bank and/or finance company (acceptable to Customs) and/or a creditworthy Cook Islands registered company with one director domiciled in the Cook Islands (acceptable to Customs) providing a guarantee.

Note: a bank or equivalent guarantee is usually required for:

- (a) An overseas registered company
- (b) A Cook Island registered company whose director(s) and/or shareholder(s) reside outside Cook Islands
- (c) A company that is insolvent
- (d) A trust
- (e) A person who is or has been the subject of a bankruptcy administration
- (f) An entity that is the subject of an unsatisfactory credit check
- (g) An entity that is applying for re-admission to the deferred payment scheme following default under the scheme.

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Is any individual or entity referred to in this application presently under investigation by, or in dispute with, any government organisation, either in Cook Islands or overseas? YES / NO

If "yes" please provide details:

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Contact details for operation of the deferred account:

Name: Designation:

Telephone: Facsimile:

Declaration

Please note: In terms of section 121(6) of the Customs Revenue and Border Protection Act 2012 the Comptroller may suspend or withdraw the credit facility approval or withdraw or vary any term or condition under which the approval is given.

Full name of director/s or partner/s or trustees or sole trader making this declaration:

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Surname	First name/s	Designation (eg, director, owner)

I declare that the above particulars are true and correct and understand the terms and conditions of this facility.

Signed: Dated:

Please **attach** personal identification i.e. Birth certificate/current motor driver's licence/passport/utility account (this includes separate identification for each partner where appropriate)

Check List

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| <ul style="list-style-type: none"> <input type="checkbox"/> Application completed in full and signed. <input type="checkbox"/> Direct debit form completed and enclosed. <input type="checkbox"/> For an Overseas Registered Company—Certificate of Registration and a copy of the Certificate of Incorporation under the Companies Act 1970-1971 <input type="checkbox"/> Please indicate the credit level required to cover Customs duty/VAT for a two-month period \$ | <ul style="list-style-type: none"> <input type="checkbox"/> Guarantee <input type="checkbox"/> For a Company— Certificate of Registration. <input type="checkbox"/> Evidence of identity (as described above) is required. |
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