

AUTHORISED ECONOMIC OPERATOR



APPLICATION FORM

PART 1

(To be completed by Applicant)

Applicants must submit the information required below in order for ZIMRA to initiate the process of determining if the company may be certified as an Authorized Economic Operator (AEO).

The declaration below must also be signed by the authorised representative of the company. This Application Form will be part of ZIMRA's AEO record of the company.

Undertaking

I/ we hereby apply to be registered as an Authorised Economic Operator (AEO) in terms of Section 216B of the Customs and Excise Act [CAP 23:02].

I/we declare that:

1. I/we have read and understood the provisions of Section 216B of the Customs and Excise Act [CAP 23:02] and Part IVA of the Customs and Excise (General) Regulations (S.1 154 of 2001).
2. The information submitted in this application and all the documents that have been or will be submitted to ZIMRA as part of this application for AEO certification are true and correct.
3. I/We further understand that any false statements or deliberate omission of critical, pertinent information may result in the denial or revocation of the AEO certification.
4. Neither I/We, nor any other Director nor the company/partnership has been convicted of any Customs /Tax offence in the past two years.
5. I/We, hereby authorize ZIMRA to begin the process to determine if the company I/We represent may be certified as an AEO and if so, to conduct the necessary steps for AEO certification.

6.Should my/our application be successful, I/we undertake to fully comply with the obligations of AEOs as provided for in the Customs & Excise Act and Customs and Excise (General) Regulations.

In support of this application, I/we submit the following details-

Company/ Business information

Name/ (Legal Entity)

Business Partner/Taxpayer Identification Number.....

Date of the establishment (dd-mm-yyyy)

Owner Type (Corporation, Partnership, Sole Trader, Wholly Owned Subsidiary, Joint Venture) other (specify).....

Postal address.....

Physical address

Town.....

Street.....

Building.....Floor.....Office number.....

Phone.....

E-mail.....

Fax.....

Names of Directors/Partners

Full Name	ID Number	Physical Address

Contact person for your company/business

Surname.....

Other Names.....

Position.....

Direct phone line.....

Mobile.....

E-mail.....

How many employees does your company have?

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Briefly describe the organization structure of your business (You may attach an organization chart).

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Details of Bankers

Name of Bank	Branch	Account Number	Account Type	Account Name

Nature of Business

	Category	√		Category	√
1	Importer		7	Distributor	
2	Exporter		8	Airline consolidator	
3	Clearing agent		9	Port or Airport Terminal Operators	
4	Carrier		10	Other (specify)	

5	Operator of Warehouse		11		
6	Manufacturer		12		

Region of supply (Please tick (√) the region/ countries you import from or export to)

	Region	Import	Export		Region	Import	Export
1	SADC Excluding South Africa			6	Asia Excluding China and Japan		
2	COMESA			7	China		
3	Africa Other			8	Japan		
4	South Africa			9	Other (specify)		
5	Middle East						

State in which other countries you operate from

Country	Physical Address	Contact person and details

Level of activity (average number of imports/exports/transit consignments processed per month)

Type	Number	Value
Imports		
Exports		
Removal In Transit		

Removal In Bond		
Warehousing		

What was the average gross turnover of your business per annum over the last two years?

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What was the actual amount paid as duty and tax to Customs for the past two years?

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Which Customs/Tax category does your company comply with?

	Customs /Tax category	√		Customs/Tax category	√
1	Customs duty		5	VAT (local sales)	
2	Import VAT		6	Company tax	
3	PAYE		7	Withholding Tax	
4	Royalties		8	Presumptive Tax	

If the Customs/Tax category is not listed above, please state it below.

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State the types of Revenue returns your company submits to ZIMRA.

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List below the goods/services that you handle

	Goods/Services		Goods/Services
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

List your Clearing agents, Transporters and Customs offices used

	Clearing Agents		Transporters		Customs Office
1		1		1	
2		2		2	
3		3		3	

4		4		4	
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Attachments:

1. Copy of Certificate of Incorporation
2. CR 14
3. Copy of clearing agent's license (where applicable)
4. Memorandum of Association
5. Audited Company Accounts (last two years)
6. Schedule of tangible assets

Signed by authorised person at

..... on this
day of
 (month).....(year).....

(Full names)

Signature

Designation

In the presence of –

Witness

(Full names)

Signature

FOR OFFICIAL USE

PART II

(To be completed by the Client Relationship Manager)

I.....

..... (Full names)

do hereby Recommend/Not recommend the applicant to be registered as an AEO.

Reason/Justification

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Name.....Signature.....Date.....

Client Relationship Manager- Region.....

PART III

(To be completed by the Regional Manager)

Region

Application Recommended/ Not Recommended

Reasons/Justification

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Name.....Signature.....Date.....

Regional Manager- Region.....

PART IV

(To be completed by the Chairperson AEO Committee)

Application Recommended/ Not Recommended

Reasons/Justification

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Name.....Signature.....Date.....

Chairperson AEO Committee

PART V

(To be completed by the Head Technical Services & Risk)

Application Recommended/ Not Recommended

Reasons/Justification

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Name.....Signature.....Date.....

Head Technical Services & Risk

PART VI

(To be completed by the Commissioner Customs and Excise)

Application Approved / Not approved

Reasons/Justification.....
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Name.....Signature.....Date.....

Commissioner Customs and Excise

Certificate Number..... Date of issue.....