



# THE JAMAICA CUSTOMS DEPARTMENT

## APPLICATION FOR CUSTOMS BROKERS LICENCE



**Page 1** (FORM TO BE PRESENTED IN DUPLICATE TO THE JAMAICA CUSTOMS DEPARTMENT)

**(B.)**

1. NAME OF APPLICANT: FIRST NAME: ( Mr./Ms./Mrs.)  MIDDLE NAME:  SURNAME:	2. SUBMISSION OF NEW APPLICATION:	3. RENEWAL OF EXPIRED LICENCE:	4. APPLICATION NUMBER & DATE (For official use only)
	[ ]	[ ]	
5. TYPE OF APPLICATION:  BODY CORPORATE LICENCE [ ]    UNINCORPORATED ASSOCIATION LICENCE [ ]    INDIVIDUAL CUSTOMS BROKERS LICENCE [ ]  EXEMPTION RE CUSTOMS REGULATION 147A [ ]    PROVISIONAL LICENCE [ ]    CONDITIONAL LICENCE [ ]			
6. DATE OF BIRTH: (DAY)                      (MONTH)                      (YEAR)		7. NATIONALITY:	
8. PRESENT OCCUPATION:	9 TRN:		10. T.C.C.:
11. COUNTRY OF RESIDENCE:	12. QUALIFIED BY EXAMINATION	13. QUALIFIED BY EXEMPTION	
14. HOME ADDRESS:	15. ACADEMIC/PROFFESIONAL QUALIFICATIONS:		
16. E-MAIL ADDRESS:	17. TELEPHONE NUMBERS:		
18. NAME IN WHICH BUSINESS IS OR WILL BE OPERATED:	19. BROKER NUMBER:	20. COMPANY REGISTRATION NO.:	
21. BUSINESS ADDRESS:	22. BUSINESS TRN:	23. BUSINESS TCC NUMBER:	
24. BUSINESS TELEPHONE NUMBERS:	25. BUSINESS E-MAIL ADDRESS:		
26. EMPLOYER:	27. EMPLOYER'S ADDRESS:		
28. EMPLOYER'S TELEPHONE NUMBER:	29. EMPLOYER'S E-MAIL ADDRESS:		



# THE JAMAICA CUSTOMS DEPARTMENT

## APPLICATION FOR CUSTOMS BROKERS LICENCE



**Page 2**

**IF BUSINESS IS TO BE OPERATED AS A PARTNERSHIP OR UNINCORPORATED ASSOCIATION, COMPLETE THE FOLLOWING:  
NOTE: AT LEAST ONE PARTNER OR ASSOCIATE MUST HAVE QUALIFIED BY EXAMINATION BEFORE A LICENCE MAY BE ISSUED.  
IF THERE ARE MORE THAN TWO PARTNERS OR ASSOCIATES, YOU ARE REQUIRED TO SUBMIT THE INFORMATION ON COPIES OF PAGE NUMBER 2.**

30. NAME OF PARTNER OR ASSOCIATE: <b>(1)</b> FIRST NAME: ( Mr./Ms./Mrs.) MIDDLE NAME: SURNAME:	(For official use only)	
31. DATE OF BIRTH: (DAY) (MONTH) (YEAR)	32. NATIONALITY:	
33. PRESENT OCCUPATION:	34. TRN:	35. T.C.C.:
36. COUNTRY OF RESIDENCE:	37. QUALIFIED BY EXAMINATION	38. QUALIFIED BY EXEMPTION
39. HOME ADDRESS:	40. ACADEMIC/PROFESSIONAL QUALIFICATIONS:	
41. E-MAIL ADDRESS:	42. TELEPHONE NUMBERS:	
43. NAME OF PARTNER OR ASSOCIATE: <b>(2)</b> FIRST NAME: ( Mr./Ms./Mrs.) MIDDLE NAME: SURNAME:	(For official use only)	
44. DATE OF BIRTH: (DAY) (MONTH) (YEAR)	45. NATIONALITY:	
45. PRESENT OCCUPATION:	47. TRN:	48. T.C.C.:
49. COUNTRY OF RESIDENCE:	50. QUALIFIED BY EXAMINATION	51. QUALIFIED BY EXEMPTION
52. HOME ADDRESS:	53. ACADEMIC/PROFESSIONAL QUALIFICATIONS:	
54. E-MAIL ADDRESS:	55. TELEPHONE NUMBERS:	

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# THE JAMAICA CUSTOMS DEPARTMENT

## APPLICATION FOR CUSTOMS BROKERS LICENCE



**Page 3**

**IF BUSINESS IS TO BE OPERATED AS A CORPORATION, COMPLETE THE FOLLOWING:**

**NOTE: AT LEAST ONE DIRECTOR MUST BE A LICENCED CUSTOMS BROKER BEFORE A BODY CORPORATE LICENCE MAY BE ISSUED.**

**IF THERE ARE MORE THAN TWO DIRECTORS, YOU ARE REQUIRED TO SUBMIT THE INFORMATION ON COPIES OF PAGE NUMBER 3.**

56. NAME OF DIRECTOR: <b>(1)</b> FIRST NAME: ( Mr./Ms./Mrs.) MIDDLE NAME: SURNAME:	(For official use only)	
57. DATE OF BIRTH: (DAY) (MONTH) (YEAR)	58. NATIONALITY:	
59. PRESENT OCCUPATION:	60. TRN:	61. T.C.C.:
62. COUNTRY OF RESIDENCE:	63. QUALIFIED BY EXAMINATION	64. QUALIFIED BY EXEMPTION
65. HOME ADDRESS:	66. ACADEMIC/PROFESSIONAL QUALIFICATIONS:	
67. E-MAIL ADDRESS:	68. TELEPHONE NUMBERS:	
69. NAME OF DIRECTOR: <b>(2)</b> FIRST NAME: ( Mr./Ms./Mrs.) MIDDLE NAME: SURNAME:	(For official use only)	
70. DATE OF BIRTH: (DAY) (MONTH) (YEAR)	71. NATIONALITY:	
72. PRESENT OCCUPATION:	73. TRN:	74. T.C.C.:
75. COUNTRY OF RESIDENCE:	76. QUALIFIED BY EXAMINATION	77. QUALIFIED BY EXEMPTION
78. HOME ADDRESS:	79. ACADEMIC/PROFESSIONAL QUALIFICATIONS:	
80. E-MAIL ADDRESS:	81. TELEPHONE NUMBERS:	



**THE JAMAICA CUSTOMS DEPARTMENT**  
**APPLICATION FOR CUSTOMS BROKERS LICENCE**



**Page 4**

**THE APPLICANT SHALL ANSWER THE FOLLOWING MANDATORY QUESTIONS**

	ANSWERS
82. HAVE YOU OR ANY PARTNER, ASSOCIATE OR DIRECTOR NAMED EVER BEEN THE SUBJECT OF ANY PROCEEDINGS OF A DISCIPLINARY OR CRIMINAL NATURE OR HAVE YOU OR A PARTNER OR ASSOCIATE NAMED BEEN NOTIFIED OF ANY IMPENDING PROCEEDINGS OR OF ANY INVESTIGATIONS WHICH MIGHT LEAD TO SUCH PROCEEDINGS?	
83. HAVE YOU OR ANY PARTNER, ASSOCIATE OR DIRECTOR NAMED EVER BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OFFENCE PARTICULARLY RELATING TO DISHONESTY, FRAUD, FINANCIAL CRIMES OR OTHER CRIMINAL ACT?	
84. HAVE YOU OR ANY PARTNER, ASSOCIATE OR DIRECTOR NAMED EVER BEEN DENIED A CUSTOMS BROKERS LICENCE PREVIOUSLY?	
85. DO YOU OR ANY PARTNER, ASSOCIATE OR DIRECTOR NAMED HAVE ANY INTEREST IN ANY EXISTING CUSTOMS HOUSE BROKERAGE?	
86. HAVE YOU OR ANY PARTNER, ASSOCIATE OR DIRECTOR NAMED EVER BEEN DISMISSED OR ASKED TO RESIGN FROM EMPLOYMENT OR A POSITION OF TRUST DUE TO QUESTIONS OF HONESTY AND INTEGRITY?	
87. HAVE YOU OR ANY PARTNER, ASSOCIATE OR DIRECTOR NAMED EVER BEEN DISQUALIFIED UNDER COMPANIES LEGISLATION OR OTHER LEGISLATION OR REGULATIONS FROM ACTING AS A DIRECTOR OR SERVING IN A MANAGERIAL POSITION?	
88. HAVE YOU OR ANY PARTNER, ASSOCIATE OR DIRECTOR NAMED EVER BEEN DIAGNOSED AS BEING MENTALLY ILL OR UNSTABLE?	
89. HAVE YOU OR ANY PARTNER, ASSOCIATE OR DIRECTOR NAMED EVER FILED FOR BANKRUPTCY OR BEEN ADJUDGED A BANKRUPT BY ANY RELEVANT AUTHORITY?	
90. <b>PLEASE NOTE: IF ANSWERS AT QUESTIONS 82 TO 89 IS <u>YES</u>, STATE THE CIRCUMSTANCES BELOW.</b>	
91. GIVE FULL NAME OF THE PERSON WHO IS THE LICENCED CUSTOMS BROKER:	
92. GIVE FULL NAME OF THE PERSON WHO IS TO QUALIFY BY THE CUSTOMS REGULATIONS:	
93. HAVE YOU READ AND UNDERSTOOD THE REGULATIONS GOVERNING THE LICENSING OF CUSTOMS BROKERS?	



**THE JAMAICA CUSTOMS DEPARTMENT**  
**APPLICATION FOR CUSTOMS BROKERS LICENCE**



Page 5

**THIS DECLARATION IS TO BE SIGNED IN THE PRESENCE OF THE COLLECTOR OF CUSTOMS  
OR THE DESIGNATED PROPER OFFICER**

94. I .....  
(FULL NAME OF APPLICANT)

DO SOLEMNLY DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF FORCE AND EFFECT AS IF MADE UNDER OATH AND BY VIRTUE OF THE VOLUNTARY DECLARATION ACT, AND I HEREBY AGREE TO INFORM THE COLLECTOR OF CUSTOMS FORTHWITH OF ANY OTHER CHANGE OF OWNERSHIP, PARTNERS OR DIRECTORS, NAME AND ADDRESS OR ANY OTHER THING AFFECTING THE LICENCE IF GRANTED, AND I FURTHER UNDERTAKE TO FULFILL ALL DUTIES AND OBLIGATION OF A CUSTOMS BROKER IN ACCORDANCE WITH THE CUSTOMS LAWS AND REGULATIONS ESTABLISHED THERE UNDER.

**I UNDERSTAND THAT ANY FALSE INFORMATION OR STATEMENT MADE HEREIN SHALL RESULT IN THE IMMEDIATE REJECTION OF THIS APPLICATION OR REVOCATION OF ANY LICENCE GRANTED.**

DECLARED BEFORE ME AT .....

IN THE PARISH OF .....

APPLICANT'S SIGNATURE .....

THIS.....DAY OF ..... 20 .....

(Proper Officer's Date Stamp)

COLLECTOR OF CUSTOMS OR PROPER OFFICER .....

95. (FOR OFFICIAL USE ONLY)

	NAME OF BOARD MEMBER	RECOMMENDATION	SIGNATURE AND DATE SIGNED
1			
2			
3			
4			
5			
6			
7			

SUBMITTED TO THE COMMISSIONER BY: ..... DATE SUBMITTED:.....

COMMISSIONER'S RULING ON THE APPLICATION: .....

.....

COMMISSIONER'S SIGNATURE: ..... DATE: .....