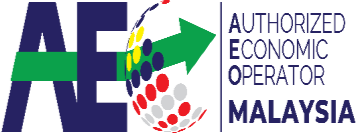
Attachment 1



**APPLICATION FOR AUTHORIZED ECONOMIC OPERATOR (AEO) STATUS**

# PART A (to be completed by all the applicant).

1. Scope of Application:

|  |  |
| --- | --- |
| **SCOPE** | **PLEASE TICK (√) WHICHEVER APPLICABLE** |
| Importer |  |
| Exporter |  |
| Manufacturer |  |
| Licensed Warehouse |  |
| Customs Broker / Forwarding Agent |  |

1. Company’s particulars:
   1. Registered Company Name:

|  |
| --- |
|  |

* 1. Company’s Registration No.:

|  |
| --- |
|  |

* 1. Address (Head Office):

|  |
| --- |
|  |
|  |
|  |

* 1. Factory Address (If different from HQ):

|  |
| --- |
|  |
|  |
|  |

* 1. Warehouse Address (If different from HQ or Factory) \*:

|  |
| --- |
|  |
|  |
|  |

* 1. Branch Address \*\*:

|  |
| --- |
|  |
|  |
|  |

* 1. Authorized Capital:

|  |
| --- |
|  |

* 1. Paid Up Capital:

|  |
| --- |
|  |

1. Contact Person:
   1. Mr / Mrs / Ms:

|  |
| --- |
|  |

* 1. Designation:

|  |
| --- |
|  |

|  |
| --- |
|  |
|  |
|  |
|  |

* 1. Office Telephone. No.:
  2. Mobile Phone No.:
  3. Fax No.:
  4. Email Address:

# PART B (to be completed based on appropriate scope).

1. **Importer / Exporter / Manufacturer:**
   1. Activity:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACTIVITY** | **TICK (√) WHICHEVER APPLICABLE** | **LICENSE NO.** | **VALIDITY PERIOD** | **SERVICE TAX/SALES TAX REGISTRATION NO.** | **RMCD ISSUING OFFICE** |
| Importer |  |  |  |  |  |
| Exporter |  |  |  |  |  |
| Manufacturer |  |  |  |  |  |
| Distributor (International Procurement Centre, (IPC)/Regional Distribution Centre, (RDC) / Regional Hub, (RH) |  |  |  |  |  |
| Others (Please Specify) |  |  |  |  |  |

1.2 Value of import and export for the past three (3) years \*\*:

|  |  |  |  |
| --- | --- | --- | --- |
| **Import (RM)** | | | |
| **ITEMS** | **(YEAR)** | **(YEAR)** | **(YEAR)** |
| CIF Value |  |  |  |
| Import Duty |  |  |  |
| Anti-dumping Duty |  |  |  |
| Excise Duty |  |  |  |
| Sales Tax |  |  |  |
| **Export (RM)** | | | |
| CIF Value |  |  |  |
| Export Duty |  |  |  |
| **Local Sales (RM)** | | | |
| Local Sale Value |  |  |  |
| Import Duty |  |  |  |
| Excise Duty |  |  |  |
| Sales Tax |  |  |  |
| **Customs Form (NOs)** | | | |
| Customs Form No. 1 |  |  |  |
| Customs Form No. 2 |  |  |  |
| Customs Form No. 8 |  |  |  |
| Customs Form No. 9 |  |  |  |

* 1. Annual Sales Value (Turnover) for the past three (3) years:

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** |  |  |  |
| Total Value (RM) |  |  |  |

* 1. List of goods with their HS Codes (raw materials, semi-finished product, finished products) and approval permit or license (if required by relevant Law / Regulations). Please complete as per Attachment 4(i).
  2. List of clients. Please complete as per Attachment 4(ii).

# Licensed Warehouse:

* 1. Activity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITY** | **TICK (√) WHICHEVER APPLICABLE** | **LICENSE NO.** | **VALIDITY PERIOD** | **RMCD ISSUING OFFICE** |
| Private Licensed Warehouse |  |  |  |  |
| Public Licensed Warehouse |  |  |  |  |

* 1. Total of customs declarations and value of import/export/local sales for the past three (3) years \*\*:

|  |  |  |  |
| --- | --- | --- | --- |
| **Customs Form No. 1 (Import)** | | | |
| **ITEMS** | **(YEAR)** | **(YEAR)** | **(YEAR)** |
| Quantity |  |  |  |
| CIF Value |  |  |  |
| Import Duty |  |  |  |
| Anti-dumping Duty |  |  |  |
| Excise Duty |  |  |  |
| Sales Tax |  |  |  |
| **Customs Form No. 2 (Export)** | | | |
| Quantity |  |  |  |
| CIF Value |  |  |  |
| Export Duty |  |  |  |
| **Customs Form No. 8** | | | |
| Quantity |  |  |  |
| CIF Value |  |  |  |
| Import Duty |  |  |  |
| Excise Duty |  |  |  |
| Sales Tax |  |  |  |
| |  | | --- | | **Customs Form No. 9** | | | | |
| Quantity |  |  |  |
| CIF Value |  |  |  |
| Import Duty |  |  |  |
| Excise Duty |  |  |  |
| Sales Tax |  |  |  |

* 1. Annual Sales Value (Turnover) for the past three (3) years:

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** |  |  |  |
| Total Value (RM) |  |  |  |

* 1. List of goods with their HS Codes (raw materials, semi-finished product, finished products) and approval permit or license (if required by relevant Law / Regulations). Please complete as per Attachment 4(i).
  2. List of clients. Please complete as per Attachment 4(ii).

# Customs Broker/ Forwarding Agent:

* 1. Activity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITY** | **APPROVAL LICENSE NO.** | **VALIDITY PERIOD** | **SERVICE TAX REGISTRATION NO.** | **RMCD ISSUING OFFICE** |
| Customs Broker / Forwarding Agents |  |  |  |  |

* 1. Total of declarations for the past three (3) years \*\*:

|  |  |  |  |
| --- | --- | --- | --- |
| **Customs Form No. 1 (Import)** | | | |
| **ITEMS** | **(YEAR)** | **(YEAR)** | **(YEAR)** |
| Quantity |  |  |  |
| CIF Value |  |  |  |
| Import Duty |  |  |  |
| Anti-dumping Duty |  |  |  |
| Excise Duty |  |  |  |
| Sales Tax |  |  |  |
| **Customs Form No. 2 (Export)** | | | |
| Quantity |  |  |  |
| CIF Value |  |  |  |
| Export Duty |  |  |  |
| **Customs Form No. 8** | | | |
| Quantity |  |  |  |
| CIF Value |  |  |  |
| Import Duty |  |  |  |
| Excise Duty |  |  |  |
| Sales Tax |  |  |  |
| |  | | --- | | **Customs Form No. 9** | | | | |
| Quantity |  |  |  |
| CIF Value |  |  |  |
| Import Duty |  |  |  |
| Excise Duty |  |  |  |
| Sales Tax |  |  |  |

* 1. List of goods of main clients with their HS Codes (raw materials, semi-finished product, finished products) and approval permit or license (if required by relevant Law / Regulations). Please complete as per Attachment 4.
  2. List of clients. Please attach the list of clients issued by Agent Controlling Unit RMCD.

# PART C: List of designated AEO Unit personnel.

(Please attach a copy of NRIC / Passport and to be completed by all applicants).

|  |  |
| --- | --- |
| **DESIGNATED AEO UNIT PERSONNEL 1** | |
| Name |  |
| NRIC/ Passport No. |  |
| Designation |  |
| Tel. No. |  |
| Email address |  |
| Passed Customs Agent Course / *Kursus Ejen Kastam* | Yes / No\* (If Yes, please attach a Customs Agent Course certificate) |
| Signature |  |
| **DESIGNATED AEO UNIT PERSONNEL 2** | |
| Name |  |
| NRIC/ Passport No. |  |
| Designation |  |
| Tel. No. |  |
| Email address |  |
| Passed Customs Agent Course / *Kursus Ejen Kastam* | Yes / No\* (If Yes, please attach a Customs Agent Course certificate) |
| Signature |  |
| **DESIGNATED AEO UNIT PERSONNEL 3** | |
| Name |  |
| NRIC/ Passport No. |  |
| Designation |  |
| Tel. No. |  |
| Email address |  |
| Passed Customs Agent Course / *Kursus Ejen Kastam* | Yes / No\* (If Yes, please attach a Customs Agent Course certificate) |
| Signature |  |

\*Attachments:

1. Company Profile;
2. Companies Commission of Malaysia (SSM) and latest e-info SSM or equivalent Business Registration Certificate;
3. Certificate of Incorporation of Private Company (Form 9) / Certificate of Registration Company (Form D);
4. List of Board of Directors *Borang Teras* (Super) SSM, Company Act 2016;
5. Memorandum and Articles of Association (M&A) & Constitution in Malaysia;
6. Last three (3) years audited accounts issued by certified and independent auditor;
7. List of Goods - Attachment 4(i); and
8. List of Clients - Attachment 4(ii).

**PART D**: **Declaration** (to be completed by all applicants).

I…………………………………………………………………… NRIC No./Passport No:

……………………………………… Designation: from

(Company)……………………………………………………………………………….............

hereby undertake to give true and accurate information to Customs at all times and will abide with all Customs laws, regulations and orders. I also undertake to inform the Royal Malaysian Customs Department in the event of any error in information that has been identified by internal or external audit and take corrective measures immediately.

Signature:

Date:

Company Stamp:

Endorsement by Customs Broker or Forwarding Agent Association (to be completed by Customs Broker/Forwarding Agent only).

* 1. Name:

|  |
| --- |
|  |
|  |

* 1. Position:

Certified by the Association Secretary:

I…………………………………………………………………… NRIC No./Passport No:

………………………………………. Designation: from

(Association)…………………………………………………………………………………….

hereby certify that the above is true and correct. Signature:

Date:

Association Stamp:

Note:

\* if applicable.

\*\* please use other attachment if more than one.