



Australian Government

**Australian Customs and
Border Protection Service**

Application for Refund of Duty – Tobacco Products

Approved form under regulation 128 of the *Customs Regulations 1926*

NOTICE: The following information is required under section 163 of the *Customs Act 1901* and regulation 128 of the *Customs Regulations 1926* in order to consider this application. The information provided may be disclosed to the Australian Bureau of Statistics and the Australian Taxation Office.

APPLICANT DETAILS

Name:		Owner ID: (ABN,ABN/CAC or CCID):	
Street address:		State: <input type="text"/> <input type="text"/> <input type="text"/>	Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business phone: (<input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Fax: (<input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Mobile: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email:		
Applicant reference: (for use by applicant)			

AGENT DETAILS – (if applicable)

Name:	Phone: (<input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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BANK ACCOUNT DETAILS

Full account name:	
BSB code: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

GOODS DESTRUCTION DETAILS

Warehouse name:	Phone: (<input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Street address:	Suburb:	State: <input type="text"/> <input type="text"/> <input type="text"/>	
Date goods were destroyed: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

CUSTOMS AND BORDER PROTECTION USE ONLY

Section name:	File Reference:
Application recorded in register: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Customs Officer name:	
Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

GOODS DETAILS

(Attach a separate sheet if insufficient space to complete details)

Line

Tariff item / statistical code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		Tobacco brand:		
Quantity in dutiable units: <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		Sticks – cigarettes <input type="text"/>	Kgs <input type="text"/>	Other (please specify):
Rate: \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Duty amount: \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		

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Rate: \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Duty amount: \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		

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Rate: \$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Duty amount: \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		

TOTAL REFUND

TOTAL AMOUNT: \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
Number of Lines completed: <input type="text"/> <input type="text"/> <input type="text"/>	Total application pages submitted: <input type="text"/> <input type="text"/> <input type="text"/>

DECLARATION

<p>I declare that this refund application is in accordance with regulations 126F, 127(5) and 128 of the <i>Customs Regulations 1926</i> and that all of the following conditions and restrictions are satisfied:</p> <ul style="list-style-type: none"> • The goods were tobacco and/or tobacco products which did not meet the retail packaging requirements of the <i>Tobacco Plain Packaging Act 2011</i>, • The goods are at least 100,000 cigarettes, 100kg of tobacco or other tobacco products, or a combination of cigarettes and tobacco or other tobacco products weighing at least 100kg, • the goods were imported into Australia and duty paid, • the goods have been destroyed, • Customs and Border Protection was given at least 7 days notice of the intended destruction, • when the notice of the intended destruction was given, the goods were in a warehouse licenced under section 79 of the <i>Customs Act 1901</i>, • Customs and Border Protection was given reasonable opportunity to supervise the destruction, and • Customs duty drawback has not and will not be claimed on these goods. 	
Name of Applicant/Agent:	
Position:	Business email:
Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

LODGEMENT

Send completed application form to

Email: TobaccoRefund@customs.gov.au (attaching completed scanned form); or
 Fax: 02 6275 6377; or
 Mail: Australian Customs and Border Protection Service
 Weapons and Regulated Trade Strategies
 Level 6, Customs House
 CANBERRA ACT 2601

CUSTOMS AND BORDER PROTECTION USE ONLY

Quantities correct:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Duty rates / calculations correct:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Record of Verification and Destruction attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Action:	<input type="checkbox"/> OK to approve <input type="checkbox"/> Applicant to resubmit	
Officer:	Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Refund approved:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Approver title / position number:
Approver signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	