



Australian Government
Australian Customs and
Border Protection Service

Import Declaration (N10)

Approved Form Section 71K of the *Customs Act 1901*

<input type="checkbox"/> Import Declaration (s71A) OR <input type="checkbox"/> Return in relation to special clearance goods (S70(7))	<i>Customs Use Only:</i> Declaration ID <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											

IMPORTANT! Please complete sections A, B and C of this form

SECTION A

Owner Details: Owner Name		Owner ID (ABN, ABN/CAC or CCID):		Owner Reference:		AQIS Inspection Location:	
Contact Details: Owner Phone				Owner Fax:		Owner Email:	
Home: ()		Work: ()		Mobile:		()	
Destination Port Code:		Invoice Term Type:		Valuation Date: / /		Header Valuation Advice No:	
						EFT Payment Indicator: <i>(Please tick one only)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	

Valuation Elements Type:	Amount	Currency
a. Invoice Total		
b. Overseas Freight		
c. Overseas Insurance		
d. Packing Costs		
e. Foreign Inland Freight		
f. Landing Charges		
g. Transport & Insurance		
Free on Board		
Cost Insurance & Freight		

PAID UNDER PROTEST INDICATOR You MUST attach a statement of the reason/s for protesting the payment of duty.

AMBER STATEMENT/REASON: If you are uncertain about information included in the declaration, or omission of information from that declaration, and consider that as a result the declaration may be false or misleading in a material particular, you must specify the reason/s for that uncertainty. (Must be included as an attachment)

DECLARATION:
 I, _____ *the owner of the goods/agent
 of the owner hereby acknowledge that this import declaration of _____ pages is true and correct.

Signature of *the owner of the goods/agent of the owner _____
 (*Delete which is not applicable)

Date: / /

Import Declaration (N10) - Transport Details

SECTION B Please complete the section relevant to the mode of transport for your goods along with the Delivery Address details.

AIR	Mode of Transport: AIR		Airline Code:	Loading Port:	First Arrival Port:
	Discharge Port:		First Arrival Date: / /	Gross Weight:	Gross Weight Unit:
	Line Details	Line No:	Master Air Waybill No:	House Air Waybill No:	No. of Packages:

OR

SEA	Mode of Transport: SEA		Vessel Name:	Vessel ID:	Voyage No:	Loading Port:	
	First Arrival Port:		Discharge Port:	First Arrival Date: / /	Gross Weight:	Gross Weight Unit:	
	Line Details	Line No:	Cargo Type:	Container No:	Ocean Bill of Lading No:	House Bill of Lading No:	No. of Packages:

OR

POST	Mode of Transport: POST		Loading Port:	First Arrival Port:	Discharge Port:	First Arrival Date: / /
	Parcel Post Card No(s):		Gross Weight:	Gross Weight Unit:	Number of Packages:	
	Marks & Numbers Description:					

OR

OTHER	Mode of Transport: OTHER		Customs Receipt for Goods No.:	No. of Packages:	Loading Port:	First Arrival Port:
	Discharge Port:		First Arrival Date: / /	Gross Weight:	Gross Weight Unit:	

DELIVERY ADDRESS:

IMPORTANT! Please complete delivery address details	Name:		Address:			
	Locality:	State:	Postcode:	Country: AUSTRALIA	Contact Phone No:	

Import Declaration (N10) - Tariff Details

SECTION C

Line No.:			Supplier ID:				Supplier Name:				
Tariff Classification No:			Stat. Code:	Related Transaction Indicator: <i>(Please tick)</i> <input type="checkbox"/>		Valuation Basis Type:		Treatment Code:		GST Exempt Code:	
Goods Description:									Quantity:		Unit:
Valuation Elements:	Type	Amount	Currency	Origin and Preference	Origin Country:		Preference Origin Country:		Preference Scheme Type:		Preference Rule Type:
	<i>Price</i>				Treatment Instruments	Instrument Type:			Instrument Number:		
				Tariff Classification Instruments		Instrument Type:			Instrument Number:		
Additional Information:									AQIS Producer Code:		

Line No.:			Supplier ID:				Supplier Name:				
Tariff Classification No:			Stat. Code:	Related Transaction Indicator: <i>(Please tick)</i> <input type="checkbox"/>		Valuation Basis Type:		Treatment Code:		GST Exempt Code:	
Goods Description:									Quantity:		Unit:
Valuation Elements:	Type	Amount	Currency	Origin and Preference	Origin Country:		Preference Origin Country:		Preference Scheme Type:		Preference Rule Type:
	<i>Price</i>				Treatment Instruments	Instrument Type:			Instrument Number:		
				Tariff Classification Instruments		Instrument Type:			Instrument Number:		
Additional Information:									AQIS Producer Code:		