

Telephone:	
------------	--

Full Name (User 4):	
Job Title:	
Email:	
Telephone:	

Full Name (User 5):	
Job Title:	
Email:	
Telephone:	

2. GENERAL CONDITIONS UNDER WHICH REGISTRATION WILL BE GRANTED

I/We, the applicant(s), agree to formally notify the Commissioner Customs within 24 hours of I/we:

- a) no longer meeting the licensing or operating conditions as a Clearing Agent, Warehouse, Manufacturer or other institution licenced by Customs to operate under Customs control;
- b) Ceasing to employ all or any of the individual registered users nominated in this application form;
- c) Changing the business address or individuals users;
- d) Ceasing to conduct business with Customs;
- e) becoming bankrupt or insolvent, or
- f) Being convicted of any offence under the Customs, Taxation or economic offences legislation.

3. SPECIFIC CONDITIONS IN RESPECT OF THE USE OF THE ASYCUDA WORLD SYSTEM

If approved as a registered user, I/We agree to:

- a) Accept that electronic submission of declarations and supporting documentation will be treated as legally binding
- b) Keep secure and not to disclose the Unique User Name and passwords allocated to me/us
- c) Notify Customs immediately if I/we suspect that the security of user names and passwords have in any way been compromised
- d) Notify Customs if I/we gain access or otherwise receive data that does not pertain to my/our lawful access to the system
- e) Not to falsify, damage or impair any record or information stored in the system
- f) Comply with any other conditions imposed by the Commissioner Customs in relation to the access ASYCUDA World.

4. RETURN OF REGISTRATION FORM

This form should be scanned and returned electronically to ecustoms@lra.org.ls. A printed signed copy MUST also be deposited at your nearest LRA Advice Centre.

OTHER NOTES

- 1. All sections of this application form must be completed.
- 2. This form must be signed by the General Manager, Managing Director or any other authorized senior Executive and duly include the official stamp or seal
- 3. Regardless of the individual responsibilities, the person signing this form on behalf of the company shall also be responsible for the requirements and conditions set out for individuals listed in this application
- 4. By signing this form, the applicant agrees to all requirements and conditions set out in this form or any other that the Commissioner Customs may impose in respect of registration of users.
- 5. The account manager is responsible for authorizing all changes on accounts of the clearing agent.

Applicant's Name
(Officer in Charge) _____

Signature _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Company Stamp/Seal

FOR OFFICIAL USE ONLY

Approved Not approved (state reasons) _____

Approving Officer _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature _____