(For online pre-application and submission in paper form)

# Economic and Technological Development Bureau

## **Electronic Customs Declaration Service Platform**

### **User – Application Form**

Part I: Basic Particulars of Applicant User					
Company Name or Name of Sole Proprietor					
Chinese		Taxpayer No.			
Portugues					
е					
English		Business Tax Registration (M1) No.			
Address	Chinese				
	Portuguese				
E-mail		The e-mail address will be used as the electronic customs declaration service			
Address		platform login account			
Contact	Name				
Person	Phone				

#### Personal Information Collection Statement

- The personal information provided in this application form may be used for executing the obligations of the Economic and Technological Development Bureau (DSEDT) to perform its functions related to electronic customs declaration.
- ✤ For the fulfilment of statutory obligations, personal information may be transferred to relevant competent entities.
- Applicants are, in accordance with law, entitled to request accessing, correcting or updating their personal information stored with the DSEDT.
- Personal information of applicants will be treated with confidentiality and kept securely until such information is destroyed or sealed as required after use or upon expiry of the retention period.

### (For online pre-application and submission in paper form)

Part II: Service(s) Applied for Note 1 (more than one choice allowed)				
<ul> <li>Import Licences Category:</li> <li>Municipal Affairs Bureau (IAM)</li> <li>Economic and Technological Development Bureau (DSEDT)</li> <li>Instituto para a Supervisao e Administracao Farmaceutica (ISAF)</li> <li>Transport Bureau (DSAT) (with export declaration)</li> <li>Macao Post and Telecommunications Bureau</li> </ul>	<ul> <li>Declarations Category:</li> <li>Import/Export Declaration</li> <li>Import Declaration for Goods Subject to Quarantine</li> <li>Food and Cat/Dog Feeds</li> <li>Landscape Plants</li> <li>Certificate of Origin and Export Declaration B</li> <li>Hazardous Chemical Import Declaration</li> <li>Declaration for Relocation of Production</li> </ul>			
<ul> <li>CTT) (with export declaration)</li> <li>Export and Transhipment Licences Category:</li> <li>Export Licence (DSEDT)</li> <li>Transhipment Licence (DSEDT)</li> <li>Other Services:</li> </ul>	<ul> <li>Process Abroad</li> <li>Transhipment Declaration</li> <li>Service for Import of Fresh Food by Land</li> </ul>			
<ul> <li>Certificates of Origin Request Form (<i>Formulario</i>)</li> <li>E-manifest</li> <li>Note 1: Controlled external trade operations registration is required for application for service(s) in the licences categories, electronic Certificate of Origin category, or for import declaration for goods subject to quarantine.</li> </ul>				

Part III: Particulars of Person(s) Empowered to Sign Licences and Others (if applicable)					
Fill in this column for application for service(s) in the licences categories and others					
	Already have a Controlled External Trade Operations Registration No.				
Apply also for controlled external trade operations registration with the information in this application form					
Name of Sole Proprietor/Statutory Representative of Company <sup>Note 2</sup> or Authorized Person <sup>Note 3</sup>		ID Document	ID Document No.		
		Type/Place of Issue			
1.	Chinese: Surname First Name	<ul> <li>Sole Proprietor/</li> <li>Administrator</li> <li>Authorized Person</li> </ul>	□ Macao Resident ID Card		
	Portuguese/Foreign Language: SURNAME FIRST NAME		Other ID Document (Place of Issue:)		
2.	Chinese: Surname First Name	□ Sole Proprietor/ Administrator □ Authorized Person	□Macao Resident ID Card □Other ID Document		
	Portuguese/Foreign Language: SURNAME FIRST NAME		(Place of Issue:)		
3.	Chinese: Surname First Name	<ul> <li>Sole Proprietor/ Administrator</li> <li>Authorized Person</li> </ul>	□ Macao Resident ID Card		
	Portuguese/Foreign Language: SURNAME FIRST NAME		□Other ID Document (Place of Issue:)		
Note 2: Company applicants are required to provide the identity details of the administrator(s). Note 3: If a third party is authorized to perform electronic customs declaration, a copy of a valid power of attorney or equivalent document shall					

be uploaded, and the original shall be supplemented afterwards.

Pa	Part IV: Particulars of Person(s) Empowered to Sign Declarations					
Fill	Fill in this column for application for service(s) in the declarations category					
	□ Same with Part III: Particulars of Person(s) Empowered to Sign Licences and Others					
Name of Sole Proprietor/Statutory Representative of Company <sup>Note 2</sup> or Authorized Person <sup>Note 3</sup>			ID Document Type/Place of Issue	ID Document No.		
1.	Chinese: Surname First Name Portuguese/Foreign Language SURNAME FIRST NAME	□ Sole Proprietor/ Administrator □ Authorized Person	□Macao Resident ID Card □Other ID Document (Place of Issue:)			
2.	Chinese: Surname First Name Portuguese/Foreign Language SURNAME FIRST NAME	□ Sole Proprietor/ Administrator □ Authorized Person	□Macao Resident ID Card □Other ID Document (Place of Issue:)			
3.	Chinese: Surname First Name Portuguese/Foreign Language SURNAME FIRST NAME	□ Sole Proprietor/ Administrator □ Authorized Person	□Macao Resident ID Card □Other ID Document (Place of Issue:)			

#### **Part V: Supporting Document(s)**

Copy of power of attorney or equivalent document (the original of a valid power of attorney or equivalent document is required to be supplemented), in total copy(ies)

□ Others, please specify:

- 1.

#### 2.

### **Part VI: Signature and Declaration**

I declare that:

All of the information provided in and submitted with this application form is true.

I will immediately update the Economic and Technological Development Bureau (DSEDT) of any changes to the information provided.

I agree to accept the Terms and Conditions of the electronic customs declaration service platform.

For the purpose of processing this application, I consent/do not consent for the DSEDT to collect the required information from the Legal Affairs Bureau (DSAJ) and Financial Services Bureau (DSF).

I $\Box$ agree / $\Box$ do not agree to receive information sent by the DSEDT via e-mail or SMS.				
	□Sole Proprietor/□Statutory Representative(s) of Company/□Authorized Person(s)			
	(The signature(s) must be identical with the one(s) on the ID document(s))			
1.	Name:	Signature:	Date:	
		Signature:		
2.	Name:		Date:	
3.	Name:	Signature:	Date:	