

## Exporter Declaration Form Under Australia-ASEAN Free Trade Agreement (AANZFTA)

<sup>(1)</sup> Australian Business Chamber  
Street add: Level 12, 83 Clarence street  
Sydney 2000 NSW  
Postal add: GPO Box 4280, Sydney NSW 2001  
Attention: Bala Jayaraman  
Tel: (02) 9350 8162 Fax: (02) 9350 8197  
E-Mail: [exportdocs.cbd@australianbusiness.com.au](mailto:exportdocs.cbd@australianbusiness.com.au)

Australian Business Chamber  
Street Add : Level 12, 140 Arthur Street,  
North Sydney NSW 2060  
Postal Add: Locked Bag 938, North Sydney NSW 2059  
Attention: Robert McCallum  
Tel: (02) 9458 7010 Fax: (02) 9955 8914  
E-Mail: [exportdocs.nsydney@australianbusiness.com.au](mailto:exportdocs.nsydney@australianbusiness.com.au)

Business Name:.....<sup>(2)</sup>

Street Address:.....

Postal Address:.....

Phone:..... Facsimile:.....

Email:..... Website:.....

Industry Type:.....

is a company incorporated/business registered in ..... Australian Company Number (ACN):..... Australian Business Number (ABN):..... and carries on its export operations from the address above. A copy of our Certificate of Incorporation or Certificate of registration of Business name is attached.

The company requires documentary evidence of origin for its products when exporting to particular countries and intends to obtain that evidence from the above mentioned Chamber. To assist the Chamber to ensure the integrity of documentary evidence of origin issued, the company agrees to provide the Chamber with any documents or information which it may request to enable it to be satisfied that the goods for which a documentary evidence of origin is sought do originate from the country certified, as determined by the rules of origin of the destination country. We also take responsibility to furnish to the customs authorities of the importing country or their nominee, for inspection at any time, such evidence as may be requested for the purpose of verifying this certificate.

I, .....the undersigned declare the above statement to be true.

Signature:

Position Title:

Date:

**Please fax/scan this page to us.**