

Please re-produce this authority on your letterhead by photocopying or retyping.

**AUTHORITY TO ACT AS CUSTOMS BROKER, FREIGHT FORWARDER
& COMMISSION & SHIPPING AGENTS IN MATTERS RELATING TO
IMPORTS AND EXPORTS.**

To whom it may concern

In accordance with section 181 of the Customs Act 1901, as amended, we hereby authorize Magellan Logistics Pty Ltd (ABN 61 079 321 725), &/or their duly appointed agents, to act as our customs brokers for the purpose of that Act, in all matters relating to our import &/or export consignments.

We hereby authorize Magellan Logistics Pty Ltd, as required as part of the GST Act 1999, as amended, to link our Australian Business Number (ABN) to our owner code for import customs entries, if this has not already been done so, & to quote our ABN on all export customs clearance entries (ECN's/EDN's).

Our ABN is _____ & our CAC is _____.
(Please leave the CAC blank if not applicable)

We hereby declare that we do defer GST at the time of importation.

OR

We hereby declare that we do not defer GST at the time of importation, & GST at the current rate is to be paid on all our importations at the time of the customs entry. (Please delete whichever is not applicable)

As prescribed in the GST Act 1999, as amended, we hereby acknowledge that in accepting invoices from, & making payments on our behalf to, third parties, in matters connected with the importation &/or exportation of supplies connected with our business, Magellan Logistics Pty Ltd are acting as principle in the transaction & we will accept their tax invoice &/or adjustment note as specified in subdivision 153B for the purpose of meeting our GST obligations under the said Act.

We hereby acknowledge that we have been provided with a copy of the standard Trading conditions of Magellan Logistics Pty Ltd (& subsidiary & associated companies) & are aware that in acting in its capacity as our agent Magellan Logistics is entitled to earn and retains profits & commissions customarily associated with our business.

Signature: _____

Print Name: _____

Position Held: (Must be a Director or Authorized officer) _____

Date: _____

If the following details are not included in full on your letterhead which appears over, please complete this information in full.

Business Name: _____

ABN for this business: _____

Address: _____

Postal Address: _____

Telephone: _____

Fax: _____

Email: _____