

## GUIDE TO COMPLETING THE AUSTRALIAN CUSTOMS & QUARANTINE DECLARATION (B534)

The attached Australian Customs Unaccompanied Personal Effects Statement must be completed by every person bringing household and personal effects into Australia.

Some points to note in completing this form are:

- 1. Please **print the form out and physically sign & date** all 4 pages by hand with an ink pen. Customs don't accept electronic signatures and each signature must match the one on your passport. It cannot be completed or signed on your behalf.
- 2. You must show a residential address in Australia on page 1. It does not need to be your delivery address, but it does need to be an address where Customs can contact you. If you do not have an address before you arrive to Australia, the declaration will not be able to be submitted until you do acquire an address.
- 3. How I arrived or intend to arrive these are your personal travel details, not that of your shipment.
- 4. For Returning Residents only list the countries you have lived in since last residing in Australia. Make sure to put in your period of absence from Australia.
- 5. How my personal effects arrived or will arrive & Clearing your personal effects sections can be left blank. We will provide this information to Customs and Quarantine directly.
- 6. Section 2 "Did you pack the goods yourself?" If packing is done by your removal company, tick "No" and insert the name of your removal company.
- 7. Section 2 "Are you fully aware of the contents of the packages?" Normally you should answer "yes" to this. If you think you should answer "No", please speak to us first.
- 8. Section 5: If you are bringing any alcoholic drinks or tobacco or cigarettes in your shipment you should be aware that these will be subject to duty and GST. You must list the items you are bringing and purchase price in AUD on the Alcohol Inventory and Tobacco Inventory Templates provided.

  There is no duty free allowance with unaccompanied personal effects.
- 9. Section 8: "Do your unaccompanied effects contain any of the following goods...FURNITURE or other articles of Wood, Cane, Bamboo". If appropriate, you should answer "YES" and print in the space below "AS PER INVENTORY"
- 10. If you make a mistake on the form <u>do not use correction fluid or tape</u>. Cross out the mistake neatly and print the correction and initial the change.

NOTE: It is important that you complete this form correctly and promptly to avoid delays in processing your shipment. If you have any questions, please contact our office.



## UNACCOMPANIED PERSONAL EFFECTS STATEMENT

- This is a legally binding document and may be used as evidence.
- This statement must be completed in English (block letters), with all errors and alterations to be initialled.

## **WARNING**

Do not carry drugs. Penalties for drug offences in Australia are severe. A false or misleading statement to an officer of Customs is an offence and may involve heavy penalties, including forfeiture of any goods concerned.

## NOTICE

The *Privacy Act 1988* says we must tell you why we are collecting this information, how we will use it and whether you have to give it to us. This information is required to ensure travellers comply with customs, Biosecurity, Health, Wildlife and Currency laws.

We require this information under the *Customs Act 1901*, the *Quarantine Act 1908*, the *Environment Protection and Biodiversity Conservation Amendment (Wildlife Protection) Act 2001* and the *Financial Transaction Reports Act 1988*. The Department of Immigration and Border Protection also needs the information to calculate the right amount of duties and taxes. Any questions you do not answer will be asked by an officer of Customs or an officer of the Department of Agriculture. The Department of Immigration and Border Protection and Department of Agriculture are not permitted to disclose this information or any supplementary information you give, except when authorised or required by law.

Please complete the following of	details								
Given names				Family nai	Family name				
Address and telephone number of intended or actual Australian residential address				Date of bir	rth				
Sex Male Female	Sex Male Passport number				(	Country of issue			
Persons covered by this statement: Myself Spouse			Name of spouse						
Spouse passport number			Number of children under 18 years of age						
How I arrived or intend to arrive	in Australia	a							
On (airline flight number or ship name	<del>)</del>		At (port or airpo			airport)			
Date, or estimated date, of arrival  Country of departure			!		l .				
For returning residents only									
Other countries visited				Perio			Period of a	Period of absence from Australia	
How my personal effects arrive	ed or will a	rrive							
By Mail; or By Air; or	By Sea (if by	air or sea t	then comp	lete belov	v)				
The (number of packages)		consigne	ed to me ha	ave arrive	d or are du	ue to arrive	):		
On (airline flight number or ship name)  At (port or airport)				Date, or estimated d			ated date, of ar	rival	
Container number	Container number Sea Bill or			or Air Waybill number Name of lo			of local business	ocal business handling your personal effects	
Clearing your personal effects You may clear your personal effects or relative to act on your behalf. If you	or nominate a							the space prov	rided below.
Family name			Given names						
Address				Phone number					
Your nominee will need to produce the	ne following fo	rms of iden	ntification v	when clea	ring your g	goods thro	ugh customs.		
Driver's licence number	Place of issue			and	Passport number			Country of issue	
Declaration I declare that the above particulars are	e to the best o	of my know	ledge true	and corre	ect.				
Signature of owner									Date

Important								
You must answer each of the fo or if you are in doubt whether ar attachment if the space is insuff	ny particular effects shou	uld be decla	ared, please give details in	the space provide	ed under each qu	estion or on a separate		
Section One								
Have you come or are you comi	ing to Australia							
As a tourist only?	Please provide your length of stay							
To take up temporary residence only?   Please provide your length of stay								
To resume permanent residence or as a returning Australian citizen?								
To take up permanent residence for the first time?								
As an Australian citizen re	esiding overseas, returni	ina tempora	arily?					
Section Two		9						
Did you pack the goods yoursel	f?							
Yes								
No → If no, name	of person who did							
Are you fully aware of the conte	nts of the packages?							
Yes	in a si a si passa gasa							
□ No → If not, why r	not							
Do the packages contain goods belonging to any person other than you or those who accompanied you on your arrival in Australia?								
Yes → Name		[F	Passport number		Relationship to	you		
No								
Section Three Do your unaccompanied effects	contain any of the follo	wing restric	ted goods?					
Drugs of any kind including, but	not limited to: DHEA, na	arcotics, ha	llucinogens,					
amphetamines, barbiturates, tra	nquillisers, steroids or p	erformance	e enhancing drugs.					
If yes, please provide a list of the	the goods							
il yes, piease provide a list of t	ne goods							
Weapons including, but not limit	·		·					
ammunition, replica firearms, sp	ring bladed knives, dag	gers, knuck	tie dusters or martial arts e	equipment.				
Yes No								
If yes, please provide a list of t	ne goods							
Articles manufactured from wild	~	•	·					
rhinoceri, members of the cat fa	mily, whales, dolphins, z	zebras, ante	elope, deer or coral.					
If yes, please provide a list of the goods								
Material which is likely to cause offence to a reasonable adult. This may include, but is not limited to: child pornographic material, child abuse material,								
material which may promote, incite or instruct in matters of crime or violence or misuse of a drug, or sexual material (including bestiality).  Yes No								
If yes, please provide a list of the goods								
I declare that the above particular	ars are to the hest of m	v knowleday	e true and correct and that	l have				
understood the questions contain								
Signature of owner						Date		

Section Four Do your unaccompanied effects contain any of the following goods?  Australian and/or Foreign currency in the amount of \$10,000 Australian or more.						
Yes No						
If yes, please list the amount(s) in Australian dollars						
Medicines (whether prescribed by a medical practitioner or not) including but not limited	to: herbal.					
Yes No						
If yes, please provide a list of the goods						
Section Five Do your unaccompanied effects contain any of the following goods? If you tick 'yes' to any question, describe the goods in the table below.						
Cigarettes, cigars or tobacco						
Yes No						
Alcoholic liquor including: spirits, wine or beer.	Alcoholic liquor including: spirits, wine or beer.					
Yes No						
Motor vehicle, motorcycle, trailers or watercraft.						
Yes No						
Goods belonging to any person other than you or those who accompanied you on your a	arrival in Australia.					
Yes No						
Goods for commercial purposes, including goods for sale, lease, hire or exchange.						
Yes No						
Other goods owned by you for less than 12 months.						
Yes No						
If insufficient space, attach a separate sheet						
Description	Dries or setimented price CALIC	Data of somebook				
Boothpath	Price or estimated price \$AUS	Date of purchase				
2 de la constanta de la consta	Price or estimated price \$AUS	Date of purchase				
	Price or estimated price \$AUS	Date of purchase				
	Price or estimated price \$AUS	Date of purchase				
	Price or estimated price \$AUS	Date of purchase				
	Price or estimated price \$AUS	Date of purchase				
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	Price or estimated price \$AUS	Date of purchase				
	Price or estimated price \$AUS	Date of purchase				
	Price or estimated price \$AUS	Date of purchase				
	Price or estimated price \$AUS	Date of purchase				
	Price or estimated price \$AUS	Date of purchase				
IMPORTANT NOTICE: Any goods owned by you for less the Such goods will be assessed for duty and taxes. Penalties For further information please visit our website at www.bord	nan 12 months must be de exist for not declaring sucl	clared.				
IMPORTANT NOTICE: Any goods owned by you for less the Such goods will be assessed for duty and taxes. Penalties	nan 12 months must be decexist for not declaring such der.gov.au	clared.				
IMPORTANT NOTICE: Any goods owned by you for less the Such goods will be assessed for duty and taxes. Penalties For further information please visit our website at www.bordsection Six Within one month prior to shipping these effects to Australia, did you or any member of yarrived or will arrive with you, visit a place where farm animals are kept, including farming research farms, sanctuaries and sale yards or visit an abattoir or any meat processing plants.	nan 12 months must be derexist for not declaring such der.gov.au	clared.				

Section Seven						
Do your unaccompanied effects contain any of the following goods, subjection Animals alive or dead including mammals, reptiles, fish, birds, insects or		ort laws?				
feathers, skins, horns, shells, hatching eggs, semen or embryos.						
Yes No						
If yes, please provide a list of the goods						
Food of any kind (including any edible item) such as: meat, poultry, eggs, dairy products, baby food, spreads and sauces, beverages and non-alcoholic drinks.						
Yes No						
If yes, please provide a list of the goods						
Equipment used with horses or other animals including: saddles, harnesses, whips, collars, brushes, blankets or rugs used as animal bedding.						
Yes No						
If yes, please provide a list of the goods						
Biological specimens including: vaccines, cultures, blood, cell samples or cell lines, semen or embryos.						
Yes No						
If yes, please provide a list of the goods						
Section Eight						
Do your unaccompanied effects contain any of the following goods, subjects to the following goods of the following	ect to plant biosecurity laws?					
Plants or parts of plants live or dead including: fruits, nuts, seeds, bulbs, leaves, wooden articles or articles made of plan	nt material, cuttings,					
flowers, mushrooms, fungi, straw, bamboo, herbs or teas.						
Yes No						
If yes, please provide a list of the goods						
Furniture or other articles of wood, cane or bamboo.						
Yes No						
If yes, please provide a list of the goods						
Soil or earth or goods containing soil, earth, rock or mineral samples.						
Yes No						
If yes, please provide a list of the goods						
Straw or wood packing material other than wood shavings or sawdust.						
Yes No						
Egg or fruit cartons used in packing.						
Yes No						
I declare that the above particulars are to the best of my knowledge true and correct and that I have understood the questions contained in this form and the answers to those questions are true and correct.						
Signature of owner  Date						
FOR OFFICIAL USE ONLY						
Goods declared	Action taken					
	ICD number:					