

## 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 <u>Alcohol Inventory</u> and <u>Tobacco Inventory</u> 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 na	Family name				
Address and telephone number of intended or actual Australian residential address					Date of bir	rth				
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 air			airport)			
Date, or estimated date, of arrival			Country of	departure			I			
For returning residents only										
Other countries visited							Period of a	Period of absence from Australia		
How my personal effects arrive	ed or will ar	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	d to me ha	ave arrive	d or are d	lue to arriv	e:			
On (airline flight number or ship name)  At (port or airport)			airport)	Dat			Date, or estima	ite, or estimated date, of arrival		
Container number	Container number Sea Bill or		or Air Waybill number Na		Name	ame of local 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 i							the space prov	rided below.	
Family name				Given names						
Address				Ph			Phone number	one number		
Your nominee will need to produce the	ne following fo	rms of iden	itification v	when clea	ring your	goods thro	ough 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 knowl	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 sho	uld be declared, plea	se give details in	the space provide	d 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							
Section Two	overseas, retain	ing temperating:					
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	o or and pashagos.						
□ 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		Passport	number		Relationship to	you	
No Section Three							
Section Three Do your unaccompanied effects	contain any of the follo	wing restricted goods	?				
Drugs of any kind including, but amphetamines, barbiturates, tra							
Yes No	inquilisers, steroids or p	chomiance emiane	ig drugs.				
If yes, please provide a list of the goods							
Weapons including, but not limit	ed to: firearms or parts	(including air pistols	and air rifles),				
ammunition, replica firearms, sp	oring bladed knives, dag	gers, knuckle dusters	s or martial arts ed	quipment.			
Yes No							
If yes, please provide a list of the goods							
Articles manufactured from wild	~	·	•				
rhinoceri, members of the cat fa	imily, whales, dolphins, a	zebras, aritelope, det	er 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							
understood the questions contains Signature of owner	ined in this form and the	e answers to those qu	estions are true a	and correct.		Date	
Signature of Owner							

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.						
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						
	T					
Description	Price or estimated price \$AUS	Date of purchase				
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Description	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 suc	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 de exist 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.bord Section 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 provided by Yes No  I declare that the above particulars are to the best of my knowledge true and correct and	nan 12 months must be de exist 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.bord Section 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 proces	nan 12 months must be de exist 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, bevo	erages 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, subjectives	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 plants	nt material, cuttings.					
flowers, mushrooms, fungi, straw, bamboo, herbs or teas.						
Yes No						
If yes, please provide a list of the goods	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:					