FIJI REVENUE AND CUSTOMS SERVICE

MANIFEST REGISTRATION
Section 36 A of Customs Act 1986

APPLICANT: **Date:** **Port:**			
APPLICATION REQUIREMENTS	**YES**	**NO**	**REMARKS**
Letter of request from company (Company Letter Head)	☐	☐	
Certificate of Registration (Form A5 from Register of Companies)	☐	☐	
Company particulars 1. Structure (List of employees) 2. Profile 3. Current list of: ➢ Directors ➢ Partnerships 4. Where any member of the partnership is a company, current and historical company details would be required (Company Registration, tax compliance, police clearance of directors) 5. Company Authorized Personnel to act on behalf of the director, level of decisions delegated. 6. Financial Viability to start the business. 7. Clear records of Customs Compliance 8. Clear records with other government agencies i.e. MOH, BAF, Ports etc. 9. Provide detailed and well-documented procedures for the conduct of all activities that will be undertaken as part of manifest operations 10. Provide procedures for monitoring, checking and auditing the work of manifest operations 11. Provide a contingency arrangement to meet client needs in the event of illness, leave or vacancy amongst its manifest operations 12. Provide established and clearly documented procedures for conducting “fit and proper person” background checks on current and any new personnel who will participate in the work of the Manifest registration if it is licensed. These procedures include provisions to ensure that the Comptroller- of Customs is notified within 30 days of relevant personnel changes, completed checks and changes in circumstances required to be notified under the conditions attached to a manifest operation.	☐	☐	

Tax Compliance Certificate- Company & Directors	☐	☐	
MOU with CFS Operator if applicant does not have own CFS	☐	☐	
REQUIREMENTS AFTER APPROVAL	**YES**	**NO**	
Bond Security of $10,000.00 in favor of FRCS per port	☐	☐	
Bond Security of $1,000.00 per manifest clerk/ port	☐	☐	
License fee of $5,175.00 for a 3-year period	☐	☐	

PROPER OFFICER **APPROVAL FROM PORT MANAGER**

Signature:	
Officer Name:	
Date:	
Port :	