

Australia Arab Chamber of Commerce & Industry

Exporter Registration & Change of Details Form



AUSTRALIA
ARAB CHAMBER
OF COMMERCE
& INDUSTRY

غرفة التجارة والصناعة
الأسترالية - العربية

Exporter Registration Details

1.	Registered Name:					
2.	Trading Name (if applicable):					
3.	Australian Company Number (ACN):	Australian Business Number (ABN):				
4.	Name of Chief Executive Officer or Managing Director:					
5.	Where is your Head Office:	VIC <input type="checkbox"/> TAS <input type="checkbox"/>	NSW <input type="checkbox"/> ACT <input type="checkbox"/>	QLD <input type="checkbox"/> NT <input type="checkbox"/>	WA <input type="checkbox"/>	SA <input type="checkbox"/>
6.	Postal Address:					
7.	Preferred Contact Person:					
8.	Phone Number: Fax Number:	Mobile number of Contact Person:				
9.	Email address of contact person:					
10.	Company website:					
11.	Brief description of business activities undertaken by the company:					
12.	Name and Contact details of your Freight Forwarder <i>(if applicable)</i> :					
13.	Is your Freight Forwarder authorised to sign on your behalf:	YES <input type="checkbox"/> NO <input type="checkbox"/> Authorised Person: _____				

AACCI Exporter Membership - \$500 plus GST *(not applicable for existing AACCI members)*

1.	Are you a current member? YES <input type="checkbox"/> <i>(Please complete this form - It is a policy requirement for all exporters to periodically update company information and signatories)</i>	
2.	To join, please select YES <input type="checkbox"/> <i>(Members receive 40% discount and exclusively offered account facilities)</i>	Not Joining, please select NO <input type="checkbox"/> <i>(Non-Members must pay at the time of service – Cash, credit card and Cheques are accepted by AACCI)</i>
3.	Would you like to receive the following? <ul style="list-style-type: none"> • Invitations to AACCI Events • AACCI Newsletters • AACCI Trade Updates 	YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/>

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Details of All Authorised Signatories of the Company

	Name and Surname	Position	Signature
1.			
2.			
3.			
4.			
5.			
6.			

I (name of person signing) _____ a duly authorized representative with capacity to bind (name of Company) _____ undertake to ensure that the information contained in the certificates of origin and supporting export documentation to be submitted to AACCI for certification, will to the best of my knowledge, be true and correct.

The Company agrees to absolve AACCI from any financial or consequential liability arising from verification of the accuracy of the export documentation submitted by the Company to AACCI.

The Company agrees to hold AACCI harmless from any actions, claims, liability, or loss incurred by AACCI in respect of reliance by a third party on the accuracy of certified export documents stamped by AACCI on behalf of the Company.

The Company agrees to notify AACCI, within 28 days, of any change to the Company's registered name and contact details, authorized signatories of the Company and the Company's authorized freight forwarder.

This declaration is true and shall be unlimited as to amount or duration, and it shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal agents and representatives.

Signed on this Date: day of20.....

ON behalf of Company : _____

Signature of Authorised Officer: _____

Full name of Authorized Officer (printed): _____

Position in Company: _____

Once this form is complete, please return to AACCI at either:

Email: export@austarab.com.au

Post: PO BOX 6005 Kingston ACT 2604 Australia

AACCI maintains a register of contact details for all export certification clients. Prior registration is a precondition to stamping any documents. AACCI can quickly and efficiently contact you if your export documents require verification.