



Exporter & Business Registration Form & Change of Details Form

Exporter Registration

Business Registration

Change of Details

Dec 2017

Completion of this form is a certification compliance and mandatory requirement for document certification. AACCI is required to maintain a current register of all certification clients and their authorized signatories. This form is subject to 12 months update and clients are required to advise any changes.

1	Registered Company/Business Name:						
2	Trading Name (if applicable):						
3	Australian Company Number (ACN):	Australian Business Number (ABN):					
4	In which State is your Head Office or business located?	VIC <input type="checkbox"/>	TAS <input type="checkbox"/>	QLD <input type="checkbox"/>	NSW <input type="checkbox"/>	SA <input type="checkbox"/>	WA <input type="checkbox"/>
5	Postal Address:	Street _____ City _____ Postcode _____					
6	Name of CEO or MD						
7	Min 2 Contacts Required Authorized Contact Person 1	Authorized Contact Person 2					
	Name _____	Name _____					
	Email _____	Email _____					
	Phone _____	Phone _____					
8.	On Account - Members' Only Benefit with a 40% Discount on export document certification - conditions apply <ul style="list-style-type: none">To set up On Account payment facility & select Membership Category please complete Section 2 of this FormIf not setting On Account facility - Please go to point 10Non-Member clients are required to make payment at time of stamping service by EFT or Credit Card refer point 18						
9.	Required for Invoicing purposes: Accounts Payable Or Accountant's details if Sole Trader	Email _____					
	Name _____	Phone _____					
10.	Company website:	Industry Sector					
11.	Brief description of company's business:						
12.	Which countries you export to?						
13.	(If Applicable) Details of your Freight Forwarder authorized to sign documents on your behalf:	Freight Forwarder					
		Name _____					
		Email _____					
		Phone _____					

List of Authorised Company Signatories and/or Authorised Freight Forwarder

THE BELOW SIGNATURES MUST MATCH SIGNATURES ON CERTIFICATE OF ORIGIN COO AND ANY OTHER DOCUMENTS PRESENTED TO AACCI FOR STAMPING

	Name & 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.
- 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
- 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 of _____ 20_____

Signature of Authorised Officer _____

Full name of Authorized Officer (printed) _____

Position in Company: _____

Additional copies can be downloaded from www.austarab.com.au/certification/forms
Please return completed & signed form to the AACCI stamping desk in your state or email to export@austarab.com.au



SECTION 2 - AACCI MEMBERSHIP FORM

AACCI has been established over 42 years ago to promote trade & investment opportunities with the Middle East and North Africa countries, whilst supporting members' drive to success and facilitating effective networking platforms. Currently, the trade & investment with the Region is worth over 16 billion dollars.... For more information visit www.austarab.com.au

Please Select MEMBERSHIP CATEGORY

Corporate Member	\$1,500 + GST	<input type="checkbox"/>	<i>Copy of Certificate of Incorporation or Business Registration required</i>
Exporter Member	\$500 + GST	<input type="checkbox"/>	<i>Copy of Certificate of Incorporation or Business Registration required</i>
SME Member	\$350 + GST	<input type="checkbox"/>	<i>Copy of Certificate of Incorporation or Business Registration required</i>
Individual Member	\$200 + GST	<input type="checkbox"/>	<i>One business reference required</i>
Student Member	\$50 + GST	<input type="checkbox"/>	<i>Copy of Student ID required</i>

14	Who is the contact re membership & attending events? i.e. from Marketing, Bus Development, Sales Name _____	Email _____ Phone _____
15.	Which applies to your business?	Current Exporter <input type="checkbox"/> Looking for Export Markets <input type="checkbox"/> Interested in Networking & Contacts <input type="checkbox"/> Interested in Export Information & Education <input type="checkbox"/>
16	What goods or services you currently export?	
17	Which countries you export to?	Gulf Countries <input type="checkbox"/> Middle East <input type="checkbox"/> North Africa <input type="checkbox"/> Other <input type="checkbox"/> UAE <input type="checkbox"/> KSA <input type="checkbox"/> Kuwait <input type="checkbox"/> Qatar <input type="checkbox"/> Oman <input type="checkbox"/> Bahrain <input type="checkbox"/> _____ _____
18	How would you like to pay?	
	Upon AACCI Invoice?	<input type="checkbox"/> Members Only
	EFT into AACCI Account?	<input type="checkbox"/> Account Name: Australia Arab Chamber of Commerce & Industry Account Number: 176 0211 BSB Number: 302-100 Bank Name: Bank of Western Australia
	By Credit Card Type _____	<input type="checkbox"/> Name on C/Card _____ C/Card Number _____ Expiry Date _____ CCV Number _____

AACCI will email the tax invoice & issue the membership certificate following approval process

[Click Here](#) To email completed & signed form to the Executive Officer in your State