



# 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. The form must be completed and **physically signed** and dated by the owner of the goods. It cannot be completed or signed on your behalf.
2. How I arrived or intend to arrive – this is your personal travel details, not that of your shipment.
3. You must show a residential address in Australia. 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.
4. For Returning Residents only – list any countries you have visited or lived since last residing in Australia. Make sure to put in your period of absence from Australia.
5. The section relating to number of packages and shipping details can be completed by our office as this detail is often not known at the time of completion of the declaration.
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 space on the declaration for this (Section five) but it does not allow for all of the information now required by Australian Customs. **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 do not use correction fluid or tape. 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 details

Given names		Family name	
Address and telephone number of intended or actual Australian residential address			Date of birth
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Passport number		Country of issue
Persons covered by this statement: <input type="checkbox"/> Myself <input type="checkbox"/> Spouse		Name of spouse	
Spouse passport number		Number of children under 18 years of age	

## How I arrived or intend to arrive in Australia

On (airline flight number or ship name)		At (port or airport)
Date, or estimated date, of arrival	Country of departure	

## For returning residents only

Other countries visited	Period of absence from Australia
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## How my personal effects arrived or will arrive

By Mail; or  By Air; or  By Sea (if by air or sea then complete below)

The  consigned to me have arrived or are due to arrive:

On (airline flight number or ship name)	At (port or airport)	Date, or estimated date, of arrival
Container number	Sea Bill or Air Waybill number	Name of local business handling your personal effects

## Clearing your personal effects

You may clear your personal effects or nominate a representative such as a freight forwarder, customs broker, friend or relative to act on your behalf. If you wish to nominate somebody else, you must fill in the details of your nominee in the space provided below.

Family name	Given names
Address	Phone number

Your nominee will need to produce the following forms of identification when clearing your goods through customs.

Driver's licence number	Place of issue	and	Passport number	Country of issue
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## Declaration

I declare that the above particulars are to the best of my knowledge true and correct.

Signature of owner	Date
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## Important

You must answer each of the following questions by placing a tick (✓) in the appropriate boxes. If you mark YES in any box in sections three to eight, or if you are in doubt whether any particular effects should be declared, please give details in the space provided under each question or on a separate attachment if the space is insufficient. Unaccompanied effects may be examined. Please ensure that keys are available at the time of clearance.

### Section One

Have you come or are you coming to Australia

As a tourist only? →

To take up temporary residence only? →

To resume permanent residence or as a returning Australian citizen?

To take up permanent residence for the first time?

As an Australian citizen residing overseas, returning temporarily?

### Section Two

Did you pack the goods yourself?

Yes

No →

Are you fully aware of the contents of the packages?

Yes

No →

Do the packages contain goods belonging to any person other than you or those who accompanied you on your arrival in Australia?

Yes →

No

### Section Three

Do your unaccompanied effects contain any of the following restricted goods?

Drugs of any kind including, but not limited to: DHEA, narcotics, hallucinogens, amphetamines, barbiturates, tranquillisers, steroids or performance enhancing drugs.

Yes  No

Weapons including, but not limited to: firearms or parts (including air pistols and air rifles), ammunition, replica firearms, spring bladed knives, daggers, knuckle dusters or martial arts equipment.

Yes  No

Articles manufactured from wildlife including, but not limited to: reptiles/snakes, elephants, rhinoceri, members of the cat family, whales, dolphins, zebras, antelope, deer or coral.

Yes  No

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

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
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**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 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	Price or estimated price \$AUS	Date of purchase

**IMPORTANT NOTICE:** Any goods owned by you for less than 12 months must be declared. Such goods will be assessed for duty and taxes. Penalties exist for not declaring such goods. For further information please visit our website at [www.border.gov.au](http://www.border.gov.au)

**Section Six**

Within one month prior to shipping these effects to Australia, did you or any member of your family who arrived or will arrive with you, visit a place where farm animals are kept, including farming communities, research farms, sanctuaries and sale yards or visit an abattoir or any meat processing plant?

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
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### Section Seven

Do your unaccompanied effects contain any of the following goods, subject to animal biosecurity laws, or wildlife export and import laws?

Animals alive or dead including mammals, reptiles, fish, birds, insects or parts thereof or Animal Products including:

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, subject to plant biosecurity laws?

Plants or parts of plants live or dead including:

fruits, nuts, seeds, bulbs, leaves, wooden articles or articles made of plant 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:



## **ALCOHOL DECLARATION LIST**

Type of Alcohol (or Brand Name)	Origin (country of manufacture)	Number of Bottles	Volume of Bottle	Opened or Un-opened	Quantity remaining if Opened	Alcohol Strength percentage %	Value per Bottle and Currency

**Declaration:**

*I Declare that the above particulars are to the best of my knowledge true and correct.*

**Clients Name:** \_\_\_\_\_

**Clients Signature:** \_\_\_\_\_

**DATE:**        \_\_\_ / \_\_\_ / \_\_\_\_\_



# TOBACCO INVENTORY LISTING

Tobacco Type (Cigs, Loose, Naklha or similar, Cigars)	Brand	Quantity (Grams, KG's or Sticks)	Mg < .8mgs or > .8mgs	Value	Country of Manufacture

**Declaration**

I Declare that the above particulars are to the best of my knowledge true and correct

Signature of Owner	Date
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