



# Application to move tobacco seed, plant and/or leaf

## Continuing movement permission (non-export)

### WHEN TO USE THIS APPLICATION

Use this application to apply for permission to move tobacco seed, plant and/or leaf on a continuing basis between excise licensed premises. Although tobacco seed, plant and/or leaf are not excisable goods, they are subject to our control.

➔ If you need help, contact us on **1300 137 290**.

### COMPLETING YOUR APPLICATION

- Answer all questions.
- Print clearly using BLOCK LETTERS.
- Place  in ALL applicable boxes.

⚠ We may ask you to provide additional information or lodge a financial security before we grant you a movement permission.

## Section A: Type of application

### 1 This application is:

an initial application

to amend a continuing movement permission  Provide permission number

## Section B: Your details

### 2 Who is the applicant?

**Applicant name** (legal name of the person or business applying to move the goods)

**Australian business number (ABN)**

**Tax file number (TFN)**

OR

⚠ While it is not compulsory to provide your ABN or TFN, it will help us process your application promptly. For information about providing us with TFNs, see 'Privacy' on page 4.

**Street address**

  


Suburb/town

State/territory

Postcode

**Postal address** (if the same as the address above, write AS ABOVE)

  


Suburb/town

State/territory

Postcode

**Business phone**

**Mobile**

**Fax (if applicable)**

**Business email address** (if applicable)

### 3 Are you licensed as a dealer, producer or a tobacco manufacturer?

Dealer of tobacco seed, plant or leaf

Producer of tobacco seed, plant

Tobacco manufacturer

## Section C: Contact details

### 4 Who is the authorised contact person if we need more information about this application?

#### Full name

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name

#### Position held

#### Business phone

#### Mobile

#### Fax (if applicable)

#### Email address (if applicable)

## Section D: Details of the owner of the goods

### 5 Do you own the goods that are to be moved?

Yes  Go to section E

No  Provide details below

**Owner's name** (legal name of the person or business that owns the goods)

**ABN** (if applicable)

#### Street address

Suburb/town

State/territory

Postcode

#### IMPORTANT INFORMATION

If you are not the owner of the goods, you must attach the following:

- a letter from the owner authorising you to move the goods
- a statement with the following declaration, signed by you

'I understand that if I cannot account for the tobacco leaf to the satisfaction of the collector while the tobacco leaf is in transit to the destination(s) specified, I may be liable to pay duty on the amount of tobacco leaf that cannot be accounted for. The duty will be calculated as if the tobacco leaf had been manufactured into excisable goods and entered into home consumption on the day the deficiency was found.'

# Section E: Movement schedule

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List the premises the goods will be moved between and provide details of the goods.  
If insufficient space, attach a separate sheet with all the relevant details.

Premises where the goods will be moved from	Premises where the goods will be moved to	Description of goods and reason for the movement of goods	Quantity per annum
Name <input type="text"/> Street address <input type="text"/> <input type="text"/> Establishment code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name <input type="text"/> Street address <input type="text"/> <input type="text"/> Establishment code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(For example tobacco seeds for propagation, tobacco plant for cultivation, tobacco leaf for delivery to co-operative, tobacco leaf for storage. If other reason, specify.) <input type="text"/> <input type="text"/> <input type="text"/>	(grams of seeds, number of plants, kilograms of leaf) <input type="text"/> <input type="text"/> <input type="text"/>
Name <input type="text"/> Street address <input type="text"/> <input type="text"/> Establishment code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name <input type="text"/> Street address <input type="text"/> <input type="text"/> Establishment code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
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Total number of pages submitted

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## Section F: Declaration

### Privacy

We are authorised under the *Taxation Administration Act 1953* to request your tax file number (TFN). We will use your TFN to identify you in our records.

Tax law authorises us to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy, go to [ato.gov.au/privacy](http://ato.gov.au/privacy)

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*I declare that all the information provided in this application is true and correct.*

Name

Position

Email address

Signature

Date

Day                      Month                      Year  
 /  /

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## Lodging your application

Keep a copy of your completed application for your records and either:

- fax it to **1300 130 916**
- send the original to us at  
**Australian Taxation Office**  
**PO Box 3514**  
**ALBURY NSW 2640**