

Australian Government

Department of Immigration and Border Protection

Department of Agriculture

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 na	Family name		
Address and telephone number of intended or actual Australian residential address						Date of bi	rth		
Sex Male Female Passport number					Country of issue				
Persons covered by this statement: Myself Spouse			e of spouse						
			lumber 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			y of departure						
For returning residents only									
Other countries visited						Period of a	bsence from A	ustralia	
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 (number of packages) consigned to me have arrived or are due to arrive:									
On (airline flight number or ship name)) At (pe	ort or airport)			Date, or estimated date		ated date, of an	rival	
Container number Sea Bill or Air		Bill or Air Wayb	Air Waybill number Name of Ic		of local busines	ocal 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				imes					
Address			Phone numbe		r				
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	Passpor	Passport number		Country of issue			
			_				•		
Declaration I declare that the above particulars are to the best of my knowledge true and correct.									
Signature of owner	,	0						Date	

Important

You must answer each of the following questions by placing a tick (\checkmark) in the appropriate boxes. If you mark YES in any box in s or if you are in doubt whether any particular effects should be declared, please give details in the space provided under each qu attachment if the space is insufficient. Unaccompanied effects may be examined. Please ensure that keys are available at the ti	lestion or on a separate					
Section One						
Have you come or are you coming to Australia						
□ As a tourist only? → Please provide your length of stay						
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 → If no, name of person who did						
Are you fully aware of the contents of the packages?						
Yes						
No						
L Do the packages contain goods belonging to any person other than you or those who accompanied you on your arrival in Australia?						
Yes Name Passport number Relationship to	you					
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.						
If yes, please provide a list of the goods						
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						
If yes, please provide a list of the goods						
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.						
If yes, please provide a list of the goods						
Material which is likely to cause offence to a reasonable adult. This may include, but is not limited to: child porpographic materia	al child abuse material					
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						
If yes, please provide a list of the goods						
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					
-						

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 a	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			
Description	Price or estimated price \$AUS	Date of purchase			
Description	Price or estimated price \$AUS	Date of purchase			
Description	Price or estimated price \$AUS	Date of purchase			
Description	Price or estimated price \$AUS	Date of purchase			
Description	Price or estimated price \$AUS	Date of purchase			
Description	Price or estimated price \$AUS	Date of purchase			
Description	Price or estimated price \$AUS	Date of purchase			
Description	Price or estimated price \$AUS	Date of purchase			
Description	Price or estimated price \$AUS	Date of purchase			
Description	Price or estimated price \$AUS	Date of purchase			
Description	Price or estimated price \$AUS	Date of purchase			
Description Image: Description Description	han 12 months must be de exist for not declaring such	clared.			
IMPORTANT NOTICE: Any goods owned by you for less t Such goods will be assessed for duty and taxes. Penalties	han 12 months must be de exist for not declaring such	clared.			
IMPORTANT NOTICE: Any goods owned by you for less t Such goods will be assessed for duty and taxes. Penalties	han 12 months must be de exist for not declaring such der.gov.au	clared.			
Important Notice: Any goods owned by you for less t Such goods will be assessed for duty and taxes. Penalties For further information please visit our website at www.bord Section Six Within one month prior to shipping these effects to Australia, did you or any member of y arrived or will arrive with you, visit a place where farm animals are kept, including farmin research farms, sanctuaries and sale yards or visit an abattoir or any meat processing p	han 12 months must be de exist for not declaring such der.gov.au /our family who g communities, lant?	clared.			

Section Seven					
Do your unaccompanied effects contain any of the following goods, subj		ort 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, bev	verages 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, subj	ect to plant biosecurity laws?				
Plants or parts of plants live or dead including:					
fruits, nuts, seeds, bulbs, leaves, wooden articles or articles made of pla	int 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					
Signature of owner		Date			
FOR OFFICIAL USE ONLY					
Goods declared	Action taken				
	ICD number:				