

Tuvalu Customs Division AW Stakeholder Registration



SSN/EIN:						
Category	Company /	piplomatic NGO	Government	Individ	ual Overseas Supplier	
Applicant Contact details						
Name						
Address						
Country						
Telephone	Email					
Business Details (If not an Individual applicant)						
Business Name	isiness Name					
Postal Address						
Location						
Telephone	Email					
Verification Documents						
Business Registration□	Passport□ Tax Identi		fication Certificate National ID card			
Type of Business with Customs	Declarant□				Shipping Agent □ Carrier □	
DECLARATION						
Name of authorized person						
Designation/Title						
I declare that the information provided in this application is true and correct. I understand						
that failure to provide true and correct information may result in this application being declined.						
Signature Date/						
OFFICIAL USE ONLY						
Remarks / Comments:						
	Officer Name: Date:	Authorizing		Officer System Update Name: Date:		