



# CUSTOMS BROKERS AND FREIGHT FORWARDERS ASSOCIATION OF JAMAICA

Unit # 1, 14-16 First Street, Newport West, Kingston 13

Telephone (876) 901-8783, 923-4665

Fax (876) 937-4779

Email: cbajamaica@cwjamaica.com

## CUSTOMS BROKERS' CLERK IDENTIFICATION DATA CAPTURE FORM

Date: \_\_\_\_\_

Pursuant to the Proclamation, Rules and Regulation No. 501A of 1988:

I, \_\_\_\_\_

Customs Broker's Name

Licence Number

Company Name

Business Address & Telephone No.

DO HEREBY CERTIFY AND DECLARE THAT:

\_\_\_\_\_ OF \_\_\_\_\_

Name of Clerk

Home Address & Telephone No.

WHO IS AN EMPLOYEE OF: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TRN # \_\_\_\_\_

Whose signature appears below is responsible, of good character, and is cognizant of the Customs Act and Regulations and as such is authorized to act on my/our behalf in his/her capacity as Customs Brokers Clerk.

By signing this form, I affirm that I have read and understood all the questions in this application and the answers I have given are true and correct to the best of my knowledge. I am aware that a false statement or a willful misrepresentation of a material fact made by me in this application or the interview may result in severe penalties taken by the Disciplinary Committee of the Customs Brokers and Freight Forwarders Association of Jamaica.

\_\_\_\_\_  
Signature of Clerk

\_\_\_\_\_  
Signature of Customs Broker

Identification Number: \_\_\_\_\_

Approved By: \_\_\_\_\_

Chairman

\_\_\_\_\_  
Vice Chairman

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_