



Certain Inputs to Manufacture

Customs Tariff Act 1995 – Schedule 4 – Items 46 & 47

Application Form

The Certain Inputs to Manufacture (CIM) Program provides duty free entry for certain imported inputs that perform better than comparable goods produced in Australia. Details about the program can be found in the *Certain Inputs to Manufacture (Items 46 & 47) Policy and Administrative Guidelines* (CIM Guidelines).

For more information visit business.gov.au, call 13 28 46 or email cim@industry.gov.au.

Protecting your confidential information is important to us. The confidentiality of information provided is protected by relevant provisions in the *Public Service Act 1999*, the Public Service Regulations, the *Privacy Act 1988* and the *Criminal Code*, as well as the general law. More information is available in the CIM Guidelines.

Before applying

Applicants should familiarise themselves with the CIM Guidelines **before** completing this application form. If the application is being submitted on behalf of an end user, please ensure that written authority has been provided by the end user.

When to apply

Applications must be submitted **before** the goods, for which duty relief is sought, are imported. Applications that are lodged after the goods have been imported are deemed to be retrospective and will be refused.

Applicants should contact the department to discuss their application before submitting. Call 13 28 46 or email cim@industry.gov.au.

How to apply

Submit your completed CIM application via email to cim@industry.gov.au.

When completing an application, the applicant is advised to be factual and concise in all responses. All questions must be answered and fields within questions marked ‘*’ are mandatory.

File attachments are only required if requested as part of an application, or if they support the application against policy and merit criteria. The application form contains a list of required attachments that may substantiate or strengthen an application against specific questions. File attachments should relate to specific questions within the application

After submitting an application

Receipt of complete applications will be acknowledged by the department within five working days.

Where an application is incomplete, the department will ask the applicant to provide further information. If the applicant fails to provide the further information requested, the department will process the application on the basis of the information available to it and may, thereafter, refuse the application.

When a decision has been made about an application, the department will contact the applicant

Part A – Applicant Information

***Indicates a required question**

A1* Which of the following accurately describes the applicant?

Entity type (Please tick the appropriate entity type)

- Individual
- Sole Trader
- Partnership
- Body Corporate
- Any other unincorporated association or body of persons
- Trustee applying on behalf of a trust
- Other

If **Other**, please specify

A2* Name of Applicant

All applicants (where applicable):

Trading names (if trading under a name other than the registered name)

Is applicant an indigenous business? – an indigenous business is defined as an entity (including sole traders, companies or indigenous corporations) that has 51% or more of the share capital owned by Aboriginal people

Yes

No

If company or other business entity

Legal/registered name

If individual

Title (Mr; Mrs; Ms; Dr; Professor; Associate Professor; Other)

If Other, please specify

Given name

Other name(s)

Family name

Date of birth (dd/mm/yyyy)

A3* Applicant Business Registrations *(where applicable)*

Australian Company Number (ACN)
Australian Business Number (ABN)
ABN Branch Number (if applicable)
Date of registration of ABN

Is the applicant registered for GST?*

Yes

No

Overseas Entities (where applicable)

If the applicant is an overseas entity,
please provide an Australian
Registered Business Number (ARBN):

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**If an ACN, ABN or ARBN, not supplied
please provide a reason**

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A4* Applicant Addresses

Registered Business street address (head office)

Address Line 1
Address Line 2
Address Line 3
Suburb/Town
State/Territory
If **Other**, please specify
Postcode
Country

Business postal address (head office)

Is this address the same as the Business
street address above?

Yes

No

(If No, please complete the following)

Address Line 1
Address Line 2
Address Line 3
Suburb/Town
State/Territory
If **Other**, please specify
Postcode
Country

Project/Activity street address (for this application)

Is this address the same as the Business street address above?

Yes

No

(If No, please complete the following)

Address Line 1

Address Line 2

Address Line 3

Suburb/Town

State/Territory

If **Other**, please specify

Postcode

Country

A5* Applicant's Ultimate Holding Company (where applicable)

Legal/registered name

Country of incorporation

A6* Applicant's Core Business

What is the applicant's Australian and New Zealand Standard Industrial Classification (ANZSIC) code? Please refer to the [ANZSIC code search](#) on the abs.gov.au website.

What is the applicant's core business?

A7* Applicant's Financials (for the last financial year)

Reporting period end date (dd/mm/yyyy)

Sales, total revenue from the sale of goods and services (\$)

Number of employees/contractors (full time equivalents)

Exports, total revenue from export sales (\$)

Taxable income (\$)

Expenditure on R&D, expenditure on creative work undertaken on a systemic basis (\$)

A8* Applicant's Primary Contact (for this application)

Title (Mr; Mrs; Miss; Ms; Dr; Professor; Associate Professor; Other)

Given name

Other name(s)

Family name

Job title

Contact Details

Preferred method for correspondence (E-mail; Phone; Letter)

Office telephone number

Mobile telephone number

E-mail address

Street Address

Is the contact's street address the same as the applicant's street address?*

Yes

No

(If No, please provide a street address below)

Address Line 1

Address Line 2

Suburb/Town

State/Territory

If **Other**, please specify

Postcode

Country

Postal Address

Is the contact's postal address the same as the applicant's postal address?*

Yes

No

(If No, please provide a postal address below)

Address Line 1

Address Line 2

Suburb/Town

State/Territory

If **Other**, please specify

Postcode

Country

Contact's relationship to Applicant

Is the applicant the contact's employer?

Yes

No

(If No, please complete the following)

Name of employer

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Australian Business Number (ABN) of employer

--

Other contact details

Business e-mail address (where applicable)

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Website address (where applicable)

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Part B – The goods

***Indicates a required question**

B1* Identify the item number against which a concession is being sought Item 46

Item 47

B2* Name the imported goods and end use for which concessional entry is being sought

B3* Provide the tariff classification of the imported goods

B4* Provide the importer's Customs Client Identifier?

B5* What is the expected customs value (A\$) of the imported goods per annum?

B6* What is the duty rate and expected annual customs duty payable (without a concession)?

a) duty rate (%)

b) expected annual customs duty payable (A\$) (without a concession)

B7* What are the proposed shipping arrangements?

B8* What will be the source of supply and country of origin?

B9* Provide details and/or copies of any Tariff Concession Order (TCO) application refused

B10* Provide details on how you identified all Australian manufacturers of substitutable goods and attach correspondence of either their support or objection to this CIM application.

If local industry objects, we will conduct a thorough independent investigation to compare imported good with locally available to determine any performance advantage.

B11* Precisely identify any information you wish to be kept confidential and not disclosed in local industry consultation.

Note this may make it more difficult for us to clarify or validate technical issues, which may affect whether your application is granted.

B12* Precisely identify any information you do not wish to be disclosed to specific people or bodies.

Note this may make it more difficult for us to clarify or validate technical issues, which may affect whether your application is granted.

B13* Provide details and/or copies of other supporting information relevant to this application. List any attachments here:

B14* Is the applicant the end user of the goods? Yes No

If the application is being made on behalf of end users of the goods, and not for the exclusive end use of the applicant, the applicant should complete the end user details in the following two tables and include written authority from end users to apply on their behalf.

Part C – Technical Report

*Indicates a required report

Before completing this section refer to the requirements listed in the *CIM Policy and Administrative Guidelines*

C1* Attach a technical report detailing the performance advantage of the imported raw materials or intermediate goods and specific end product (identified at question B2) over Australian-produced goods.

Part D – Attachments to the application

The following documents, where applicable, must accompany this application form. Please ensure that the attachments clearly identify the application to which they belong.

List of attachments to the application

- | | |
|---|--|
| D1. Goods details (see question B2) | <input type="checkbox"/> Attached to this application
<input type="checkbox"/> Not applicable |
| D2. End use details (see question B2) | <input type="checkbox"/> Attached to this application
<input type="checkbox"/> Not applicable |
| D3. Application for Tariff Advice (see question B8) | <input type="checkbox"/> Attached to this application
<input type="checkbox"/> Not applicable |
| D4. Tariff Concession Order refusal (see question B9) | <input type="checkbox"/> Attached to this application
<input type="checkbox"/> Not applicable |
| D5. Local industry identification and consultation (see question B10) | <input type="checkbox"/> Attached to this application
<input type="checkbox"/> Not applicable |
| D6. Other supporting information (see question B11) | <input type="checkbox"/> Attached to this application
<input type="checkbox"/> Not applicable |
| D7. Authority to apply on behalf of an end user (see question B12) | <input type="checkbox"/> Attached to this application
<input type="checkbox"/> Not applicable |
| D8. Technical Report (see question C1) | <input type="checkbox"/> Attached to this application
<input type="checkbox"/> Not applicable |

Part E – Declaration

Authorised person declaration

I/the applicant declare/s that

- The information contained in this application together with any statement attached is, to the best of my/the applicant's knowledge, true, accurate and complete in all material particulars.
- I/the applicant have/has maintained and will maintain for at least 5 years all records that substantiate that I/the applicant am/is carrying on or have/has carried on the activities in respect of the good in accordance with the information in this application form.
- I/the applicant have/has read items [46 & 47 of Schedule 4 of the Customs Tariff Act 1995](#) and the *Certain Inputs to Manufacture Guidelines* and understand all my/its obligations under them.
- I/the applicant have/has the written authority, where relevant, of end users to make an application on their behalf.
- I/the applicant understand/s that
- The department may ask me/the applicant to provide clarification, further information or documentation in order to verify the information supplied in this application form.
- It is a serious offence under the *Customs Act 1901* to make a statement to a delegate of the Comptroller-General of Customs that is false or misleading in a material particular.

*Indicates a required question

E1* Application signatory details

Are you the applicant or an employee of the applicant? Yes No

(If No, please also complete question E2, External entity details.)

Title (Mr; Mrs; Miss; Ms; Dr; Professor; Associate Professor; Other)	
Given name	
Other name(s)	
Family name	
Job title (select where applicable)	<input type="checkbox"/> Chief Executive Office <input type="checkbox"/> Company Secretary <input type="checkbox"/> Managing Director <input type="checkbox"/> Director <input type="checkbox"/> Financial controller/Accountant <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> R&D Manager <input type="checkbox"/> Business Development Manager <input type="checkbox"/> Other (please specify)

If **Other**, please specify.

E2 External entity details

All external entity signatories

Trading name (*where trading under another name*)

If company or other business entity

Legal/registered name

If individual or no ABN

Date of birth (dd/mm/yyyy)

Phone number

E-mail address

E3* Signature

Signature

Date (dd/mm/yyyy)

Applicant Feedback

The department requests that the following questions be answered to assist in meeting its customer service obligations.

Please note that the answers to these questions are not compulsory and do not form part of the application or assessment process.

How did the applicant find out about the Certain Inputs to Manufacture Program? (One or more may be selected.)

- business.gov.au
- 13 28 46
- Newspaper/magazine article
- Advertisement
- Internet
- Direct mail/e-mail
- Industry group
- Word of mouth
- Department staff
- Other (Please specify.)

Please provide an estimate of time taken to complete the form.

Include:

1. The time actually spent reading the instructions, working on the questions and obtaining the information.
2. The time spent by all employees in collection and providing this information.

Hours	Minutes
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Please check all questions to ensure that the application is complete.

Note: Applicants should only submit a final and complete application. Significant changes to the application, particularly the inclusion of new material, will not be allowed, although the Australian Government may allow an applicant to make minor corrections to the application.