

Australian Government Department of Industry, Science and Resources

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 <u>cim@industry.gov.au</u>.

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 <u>cim@industry.gov.au</u>.

How to apply

Submit your completed CIM application via email to <u>cim@industry.gov.au</u>.

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
- \Box Any other unincorporated association or body of persons
- \Box Trustee applying on behalf of a trust

🗌 Other

If Other,	please	specify
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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 If company or other business entity Yes

🗆 No

company of other business entit

Legal/registered name

If individual

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

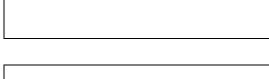
If Other, please specify

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?*

Overseas Entities (where applicable)

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

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

🗆 Yes 🗆 No

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)

(If No, please complete the following)

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

🗆 Yes

🗆 No

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	

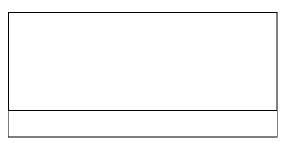
A5* Applicant's Ultimate Holding Company (where applicable)

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 <u>ANZSIC code search</u> 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	
Contac	t 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?*

(If No, please provide a street address below)

Address Line 1	
Address Line 2	
Suburb/Town	
State/Territory	

🗆 Yes

If Other, please specify

Postcode

Country

Postal Address

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

 \Box No

🗆 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?

 \Box Yes

🗆 No

(If No, please complete the following)

Name of employer

Australian Business Number (ABN) of employer

Other contact details

Business e-mail address (where applicable)

Website address (where applicable)

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August 2023

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.

Please complete the following two tables:

Table 1: End users: business information

Trading Name	ABN/ACN	Core Business	Estimated annual contract for purchase of the goods \$A	Street Address	Suburb/Town	State/ Territory	Post code

Table 2: End users: contact details

Trading Name (of Business)	Legal/ registered name	Position (of contact person)	Given Name	Family Name	Phone number	Email address

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

Part E – Declaration

Authorised person declaration

I/the applicant declare/s that

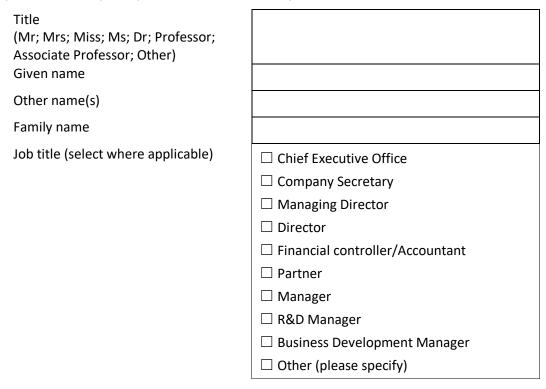
- The information contained in this application together with any statement attached is, to the best of my/the applicant's knowledge, true, accurate and complete in all material particulars.
- I/the applicant have/has maintained and will maintain for at least 5 years all records that substantiate that 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 <u>46 & 47 of Schedule 4 of the Customs Tariff Act 1995</u> 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 o \Box Yes \Box No the applicant?

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



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

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.