



CAPS TRADER REGISTRATION FORM



Complete the form below to apply for a CAPS Trader Identification Number. **PLEASE PRINT CLEARLY**

TRADER DETAILS <i>*All persons must fill out</i>				
Importer Name				
ADDRESS		* Phone:		
P.O. BOX		* Cell Phone:		
* HOME STREET LOCATION		Fax		
* VILLAGE/TOWN		* Contact Person:		
* ISLAND/STATE /PROVINCE		<i>CAPS User Profile</i> Email :		
* COUNTRY CODE		Email 2:		
* POST/ZIP CODE		Email 3:		
Customs Broker <input type="checkbox"/>	Courier <input type="checkbox"/>	Commercial Importer <input type="checkbox"/>	Occasional Importer <input type="checkbox"/>	Government Importer <input type="checkbox"/>
TYPE OF BUSINESS:	<i>i.e. supermarket, hardware store, department store etc.</i>			
CUSTOMS CLEARANCE	Do you prepare your own Customs declaration? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, who prepares your Customs declaration?			
Company:	Contact	Phone	E-mail	
ELIGIBLE CONCESSIONS (i.e. pioneer status, hotel aid etc.) – <u>Attach Trade License if applicable</u>				
COMMERCIAL TRADERS ONLY				
COMPANY AGENTS/CONTACTS				
1	(Main) Contact		2	Contact
*Name			Name	
*Contact Type			Contact Type	
*Phone			Phone	
*Email			Email	
3	Contact		4	Contact
Name			Name	
Contact Type			Contact Type	
Phone			Phone	
Email			Email	
Which web submission method(s) do you prefer Via website entry <input type="checkbox"/> Via FTP file submission <input type="checkbox"/>				

*** required**

Importer Signature: _____ Date: _____

Please note that the ***required** boxes must be filled out to avoid any delays during this process.

For Official use only.

Issued Trader ID No: _____ Issued by: _____