



# Unaccompanied Personal Baggage Declaration



*Please read the Advice to Declarant information prior to completing this declaration*

**THIS FORM IS TO BE COMPLETED BY TRAVELLERS FOR PERSONAL AND HOUSEHOLD EFFECTS ONLY.**

It is **NOT** to be used:

- A) by persons who have not travelled overseas (except for shipments being cleared on behalf of persons who have travelled overseas or who are still overseas)
- B) for goods purchased from within New Zealand, e.g. via the Internet, telephone, e-mail etc
- C) for goods sent to persons in New Zealand by persons overseas (except for A above)

If you are not sure if this form is appropriate for your circumstances, **ASK A CUSTOMS OFFICER OR MAF INSPECTOR BEFORE FILLING IT OUT.**

## ADVICE TO DECLARANT

- This declaration may be completed by the importer/owner or their agent/nominee. A **letter of authorisation and copy of his or her passport (including immigration visa/permit if applicable)** from the importer/owner is required if a nominated person is completing the declaration, plus photo ID (passport or NZ drivers licence) for the nominated person.
- **If you are completing this declaration on behalf of the owner of the consignment, you must specify the owner as the importer/owner.**
- This declaration must be completed in English. All errors and alterations must be initialled.
- Pages 1 to 5 must be fully completed. All 8 pages must be presented to MAF Biosecurity New Zealand (MAF) and then to the Customs Service.
- If there are more than four family members covered by this declaration please also complete Supplementary Form NZCS 218A / NQS QD1A with the details of each additional person.
- You must **answer all questions**.
- Your consignment may be examined. **Please ensure that keys/combination codes are available at the time of clearance otherwise there may be delays in clearance.**
- The following **documents are required** for presentation to MAF and the Customs Service:
  - Passports of all those listed on this declaration (i.e. passports of **all** owners/importers of the goods imported)
  - Complete list of baggage contents
  - Airway Bill, Bill of Lading, or Arrival Notice
  - Receipts for goods listed in Specific Goods section on page 4, if you are able
  - Letter of authorisation from the owner/importer if goods are being cleared on their behalf
  - Any treatment and/or cleaning certificates in respect of the goods you may have
  - Any relevant approvals for goods listed in Prohibited or Restricted Goods section on page 4

**Note:** There may be other supporting documents deemed necessary by the Customs Service or MAF when clearing the consignment. If there are more than one person's goods in the consignment a separate form must be completed unless the goods are those of family members (e.g. spouse, partner, children, parent).

### NOTICE

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**The supply of this information is mandatory.** Failure to provide such information or providing false or misleading information may amount to an offence under the Customs and Excise Act 1996 or the Biosecurity Act 1993 and could result in prosecution and/or forfeiture and seizure of goods. The information you provide will be held by the Customs Service, MAF, or by your moving company, Customs broker, or freight forwarder.

The Privacy Act 1993 provides rights of access to, and correction of personal information. You may gain access to and correct this information through any New Zealand Customs Service or MAF office, or through the moving company, Customs broker, or freight forwarder to which you gave this form.

**List of Goods in Consignment (if no separate packing list/inventory):**

## PERSONAL DETAILS OF IMPORTER OF THE GOODS

Family Name:	Given or First Names:	Date of Birth:
Nationality:	Passport Number:	Occupation:
Residential Address or Intended Address in NZ:	<b>Countries Visited</b> up to two months prior to arrival in NZ and prior to baggage being packed:	<b>Countries Resided</b> in up to two months prior to arrival in NZ and prior to baggage being packed:
Contact Phone No.:	Name of Agent in NZ, if applicable:	

## CONSIGNMENT INFORMATION

Flight/Ship:	Voyage No.:	Airway Bill/Bill of Lading No.:	Date of Arrival of Goods:
Port of Arrival:	Gross Weight:	No. & Type of Packages:	Container No.:

## OTHER FAMILY MEMBERS COVERED BY THIS DECLARATION

Family Name:	Given or First Names:	Date of Birth:
Nationality:	Passport Number:	Occupation:
Family Name:	Given or First Names:	Date of Birth:
Nationality:	Passport Number:	Occupation:
Family Name:	Given or First Names:	Date of Birth:
Nationality:	Passport Number:	Occupation:

There are  additional family members listed on the supplementary family members page (form NZCS 218A / NQS QD1A)  
(number)

## DETAILS OF HOUSEHOLD OR OTHER EFFECTS

The  which make up this consignment contain bona fide  
(number and type of packages)

unaccompanied personal and/or household effects that have an **insured / assessed** value of \$   
(please delete one) (NZ dollar value)

Yes  No  Are you fully aware of the contents of the whole consignment?

Yes  No  Do you have a list of the contents/packing list?

Pages  If so, what is the total number of pages of the list of contents/packing list?

Yes  No  Do you have any treatment/cleaning/Government certificates for any items?

If so, please specify:

## IMPORTER/OWNER'S ARRIVAL OR INTENDED ARRIVAL IN NEW ZEALAND

The importer/owner **arrived / intends to arrive** in New Zealand on  from   
(please delete one) (actual date or estimated date) (country of departure)

## ARRIVAL STATUS

The importer's/owner's "arrival status" is: *Please tick as appropriate.*

Ref:	Person is arriving in New Zealand
A <input type="radio"/>	to take up permanent residence for the first time <b>and</b> has the legal authority to do so (i.e. Permanent residence granted)
B1 <input type="radio"/>	to resume permanent residence after an absence of <b>more than 21 months</b>
B2 <input type="radio"/>	to resume permanent residence after an absence of <b>less than 21 months</b> (e.g. returning from a brief holiday/trip overseas)
W1 <input type="radio"/>	to take up a work contract of <b>more than 12 months and</b> has the legal authority to do so
W2 <input type="radio"/>	to take up a work contract of <b>less than 12 months and</b> has the legal authority to do so
S1 <input type="radio"/>	to take up a course of study for <b>more than 12 months and</b> has the legal authority to do so
S2 <input type="radio"/>	to take up a course of study for <b>less than 12 months and</b> has the legal authority to do so
V1 <input type="radio"/>	as a New Zealand national visiting temporarily (e.g. on holiday in NZ, visiting friends/family)
V2 <input type="radio"/>	as a foreign national visiting temporarily (e.g. on holiday in NZ, visiting friends/family)

If the arrival status above is B1 or B2 above, please state the original departure date from New Zealand:

## GOODS OF BIOSECURITY INTEREST

New Zealand operates very strict Biosecurity procedures at the border to prevent the introduction of pests and diseases of animals and plants that may adversely effect our economy, environment or human health. Consider all questions carefully and answer correctly. Failure to do so could result in unwanted pests and diseases being introduced which could significantly harm New Zealand and New Zealanders.

Attempting to possess, or possession of unauthorised goods, may constitute an offence pursuant to section 154 of the Biosecurity Act 1993. **Every person who commits an offence is liable, upon conviction, to imprisonment for a term not exceeding 5 years, a fine not exceeding NZ\$100,000, or both.**

**If you are unsure about any items, please ask a MAF Inspector.**

**Unaccompanied personal effects must not be opened without MAF Biosecurity New Zealand authorisation.**

This includes the container, crates, bags, boxes and any luggage. Failure to comply may constitute an offence pursuant to section 154 of the Biosecurity Act 1993.

It is the responsibility of the importer/owner or agent applying for the clearance of goods to arrange an inspection date and time with MAF Biosecurity New Zealand by visiting or telephoning the local MAF Biosecurity New Zealand office.

### WHO PACKED THE PERSONAL EFFECTS?

Importer  Removal Company  Other  *Please specify:*

### DOES THIS BAGGAGE CONTAIN ANY?

Yes  No  • **Food of any kind (dried, fresh, frozen, preserved, cooked, uncooked)**

*Please specify items and box number(s)*

Yes  No  • **Animal products or Animals, including but *not* limited to:** Meat (fresh or dried), eggs, dairy products, honey, skins, fur, feathers, bone, wool, hair, hunting trophies, fish/shell fish (fresh dried, or frozen), Chinese traditional medicines, shells and coral, ivory

*Please specify items and box number(s)*

Yes  No  • **Plants or plant products, including but *not* limited to:** Fresh or dried fruit and cones, vegetables, plants/flowers live and dried, plant cuttings and bud wood, bulbs or roots, seeds, pine antique and/or handcrafted wooden ornaments/carvings, cane, bamboo, basket ware, straw, Chinese traditional medicines

*Please specify items and box number(s)*

Yes  No  • **Equipment used with animals and/or plants, including but *not* limited to:** Veterinary equipment/products, fishing gear, fish farming equipment, saddlery, work boots/clothing, pet bedding, gardening equipment/products and forestry equipment

*Please specify items and box number(s)*

Yes  No  • **Miscellaneous items such as: Used;** Vacuum cleaners, spiked, studded or sprigged footwear (e.g. golf shoes, soccer boots), hiking boots, soiled footwear, water sports equipment, bicycles, boats, Vehicles/car parts, camping equipment/tents, barbecues. **Any;** Christmas and/or Easter decorations, Pooja items

*Please specify items and box number(s)*

### WHILE OUTSIDE NEW ZEALAND HAVE ANY OF THE GOODS IN YOUR CONSIGNMENT:

Yes  No  • Been in contact with any animals?

Yes  No  • Been used/stored in any rural areas including wilderness areas?

## GOODS OF CUSTOMS INTEREST

### DOES THE CONSIGNMENT CONTAIN PROHIBITED OR RESTRICTED GOODS?

- Yes  No  • **Articles manufactured from wildlife** including but not limited to: reptiles, snakes, elephants, rhinoceroses, hippopotamuses, members of the cat family, whales, dolphins, zebras, antelope, deer, birds, feathers, coral or shells
- Yes  No  • **Medicines of any kind**
- Yes  No  • **Controlled drugs** other than prescribed medicines including but not limited to: LSD, heroin, cocaine, cannabis, ecstasy, steroids, human growth hormone, or performance-enhancing drugs, precursor substances
- Yes  No  • **Objectionable/Indecent articles of any kind in any format** including but not limited to: child pornography, material depicting bestiality, or material which may promote, incite, or instruct in matters of crime or violence, or misuse of a drug
- Yes  No  • **Ornamental Pipes** including Sheesha Pipes, Hookah Pipes and other cannabis or methamphetamine utensils
- Yes  No  • **Weapons of any kind** including but not limited to: firearms or parts thereof, replica firearms, bayonets, daggers, sword sticks, spring-bladed knives, or knuckle dusters

***If you have answered YES to any of the above questions please list the items below.***

***You may be required to provide supporting documents to import these goods e.g. permits, doctor's certificates etc.***

### DOES THE CONSIGNMENT CONTAIN ANY OF THE FOLLOWING SPECIFIC ITEMS?

- Yes  No  • **Cigarettes, cigars, tobacco, or alcoholic liquor**
- Yes  No  • **Goods for commercial purposes** (including goods for sale, lease, hire, exchange, or use in your own business)
- Yes  No  • **New goods** – note that for importer/owner arrival status B2, W2, S2, V1, or V2 (see page 3) new goods are classified as any goods purchased outside New Zealand or from a duty free source – other than personal clothing
- Yes  No  • **Unused goods** – being goods that you (or your family) own but have never used or unused gifts to you
- Yes  No  • **Gifts intended for other persons**
- Yes  No  • **Goods belonging to any person not listed on this declaration**
- Yes  No  • **Motor vehicle(s), motorcycle(s), caravan(s), trailer(s), watercraft, or aircraft**  
(Supporting documents must be presented, e.g. receipts, ownership papers etc.)
- Yes  No  • **Cash in any currency to the value of NZ\$10,000 or more**

***If you have answered YES to any of the items listed above, or are in doubt whether any particular effects should be declared, please give details of these items below or attach a separate schedule.***

***Supporting documents may be required e.g. receipts***

Date of Purchase	Price Paid (in \$NZ)	Description of Goods

PLEASE ASK A CUSTOMS OFFICER OR MAF INSPECTOR IF YOU ARE UNSURE  
OR UNCLEAR ABOUT ANY ASPECT OF THIS FORM

### DECLARATION BY THE IMPORTER/OWNER OF THE GOODS

I

*(full name)*

being the importer/owner of the goods, hereby declare that I have read and understood all the questions contained in this form, and that the information provided is true, correct and complete. I acknowledge that it is an offence under the Biosecurity Act 1993 to open or remove goods which do not have Biosecurity Clearance. I also understand the information will be used to prepare an import entry to obtain clearance of the goods from the Customs Service and MAF Biosecurity New Zealand. Failure to comply may constitute an offence under the Customs and Excise Act 1996 or the Biosecurity Act 1993.

Signature

Date

OR

### DECLARATION BY OTHER THAN THE IMPORTER/OWNER OF THE GOODS

I

*(full name)*

of

*(contact address and phone number)*

hereby declare that I am clearing these goods on behalf of the owner, that I have read and understood all questions contained in this form, and that the information provided is to the best of my knowledge true, correct and complete. I acknowledge that it is an offence under the Biosecurity Act 1993 to open or remove goods which do not have Biosecurity Clearance. I also understand the information will be used to prepare an import entry to obtain clearance of the goods from the Customs Service and MAF Biosecurity New Zealand. Failure to comply may constitute an offence under the Customs and Excise Act 1996 or the Biosecurity Act 1993.

Signature

Date

### Have you fully completed this form?

(Unaccompanied Personal Baggage Declaration)

Yes

No

**Note: Any incompletd forms will not be processed by MAF Biosecurity New Zealand or the New Zealand Customs Service.**

#### NOTICE

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**FOR CUSTOMS USE ONLY**

**Import Entry Number:**

All goods are entered as per section 39 of the Customs and Excise Act 1996

**INSPECTION REQUIRED / INSPECTION NOT REQUIRED** *(Delete as Applicable)*

In accordance with section 151 of the Customs and Excise Act 1996

**Activity Report Number:**

Contact:

Phone:

**Location of Goods:**

**Keys Required and Provided / Not Required** *(Delete as Applicable)*

**Other Information Required by Customs**

**Completed by:**

Official Stamp

**FOR MAF USE ONLY**

**IDENTIFYING NUMBER:** (e.g. Container, Airway Bill number)

**AF4 #:**

**MAF CONSIGNMENT NUMBER:** (e.g. BACC number if required)

- 1. **BIOSECURITY CLEARANCE GIVEN FOR WHOLE CONSIGNMENT** (Inspection not required)
- 2. **INSPECTION REQUIRED / HOLD FOR FURTHER ACTION / TREAT** (*Delete as Applicable*)

Inspector name:

Emp #:

Location:

Official stamp must be used for screening

Date:

Inspection at:

Official Stamp

**BOX NUMBERS AND ITEMS FOR INSPECTION:**

(Full and complete inventory/packing lists must be supplied or whole consignment may be inspected)

The following is to be completed post inspection. Official stamp **must** be used to provide clearance for goods.

**WHOLE CONSIGNMENT GIVEN CLEARANCE?**

YES

**PART CONSIGNMENT GIVEN CLEARANCE?**

YES

Official Stamp

Inspector name:

Emp #:

Location:

Date:

*Please see below for items requiring further action*

**SEIZURE DETAILS AND ACTIONS TAKEN BY MAF**

ITEM	ACTION	DIRECTED TO: (ATF)	MAF BACC NUMBER (last 5 digits)

# CHARGES

	No. of items	No. of items	No. of items
<b>INSPECTION</b>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Date:	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Emp #:	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

	Hrs	Hrs	Hrs
<b>OTHER TIME</b>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Please specify:	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Date:	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Emp #:	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

<b>TRAVEL</b>	Zone	1	2	3	4			
		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	4+	Km	Hrs
	Date:	<input style="width: 100%; height: 20px;" type="text"/>						
	Emp #:	<input style="width: 100%; height: 20px;" type="text"/>						

	Zone	1	2	3	4			
		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	4+	Km	Hrs
	Date:	<input style="width: 100%; height: 20px;" type="text"/>						
	Emp #:	<input style="width: 100%; height: 20px;" type="text"/>						

	Zone	1	2	3	4			
		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	4+	Km	Hrs
	Date:	<input style="width: 100%; height: 20px;" type="text"/>						
	Emp #:	<input style="width: 100%; height: 20px;" type="text"/>						

Inspection total	<input style="width: 95%; height: 20px;" type="text"/>	Code
Zone total	<input style="width: 95%; height: 20px;" type="text"/>	Code
Destruction total	<input style="width: 95%; height: 20px;" type="text"/>	Code
Other total	<input style="width: 95%; height: 20px;" type="text"/>	Code
<b>Final Total</b>	<input style="width: 95%; height: 20px;" type="text"/>	

All charges are GST inclusive **GST No. 64-558-838**

<input type="radio"/> Account	Account No.:	<input style="width: 95%; height: 20px;" type="text"/>
<input type="radio"/> Cheque	Receipt No.:	<input style="width: 95%; height: 20px;" type="text"/>
<input type="radio"/> Cash	Receipt No.:	<input style="width: 95%; height: 20px;" type="text"/>
<input type="radio"/> Credit	Authorisation No.:	<input style="width: 95%; height: 20px;" type="text"/>
<input type="radio"/> Agent	Agent's Reference:	<input style="width: 95%; height: 20px;" type="text"/>