



REPUBLIC OF CYPRUS
MINISTRY OF FINANCE



DEPARTMENT
OF CUSTOMS AND EXCISE

Form E.D. 1

**APPLICATION FOR AUTHORISATION TO OPEN
AND OPERATE A TAX WAREHOUSE**

For official use

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- Please refer to the appropriate explanatory notes at the last page when filling out this form. Please read them carefully.
- Use black or blue ink and complete in CAPITAL letters.
- The application form shall be submitted to the customs authorities designated for the place to be approved as a tax warehouse.

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Please write your name

- ◆ If you are a limited company write the name of the company.
- ◆ If you are a partnership write the name of the partnership and the names of all the partners and their identity card numbers.

Name(s)	Company's Registration number issued by the Registrar of Companies and Official Receiver/Identity card number in case of natural person	VAT registration number	Customs registration number

2

Please fill in your trade name as it appears on the certificate issued by the Registrar of Companies and Official Receiver.

Trade name

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3

(a) Please complete the address of the headquarters of your business

Street															Number			
<input type="text"/>															<input type="text"/>			
Building								Apartment No.				Postal Code						
<input type="text"/>								<input type="text"/>				<input type="text"/>						
Suburb / Town / Village / District																		
Telephone No.								Fax No.								E-mail address		
<input type="text"/>								<input type="text"/>								<input type="text"/>		

(b) Please complete your correspondence address, if different from the above.

Street												Number			
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>												<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			
Building						Apartment No.				Postal Code					
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>						<div style="border: 1px solid black; height: 15px; width: 100%;"></div>				<div style="border: 1px solid black; height: 15px; width: 100%;"></div>					
Suburb / Town / Village / District															
Telephone No.						Fax No.						E-mail address			
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>						<div style="border: 1px solid black; height: 15px; width: 100%;"></div>						<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			

(c) Please complete the following particulars of the authorised warehousekeeper.

Name:
VAT registration number:
Customs registration number:

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Particulars of tax Warehouse

(a) Please complete the address of the premises

Street												Number			
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>												<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			
Building						Postal Code									
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>						<div style="border: 1px solid black; height: 15px; width: 100%;"></div>									
Suburb / Town / Village / District															
Telephone No.						Fax No.						E-mail address			
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>						<div style="border: 1px solid black; height: 15px; width: 100%;"></div>						<div style="border: 1px solid black; height: 15px; width: 100%;"></div>			

(b) Description of tax warehouse

CATEGORY OF TAX WAREHOUSE (Note 1)	Description of premises (area in m ²)		
	Fenced open air area	Covered area	Total

(Note 2)	Description		
	Tank number	Capacity in metric tones	Location

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Description of products (Note 3)

Category	Description of products

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Additional information

(a) Estimate of annual level of stocks

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(b) Estimate of annual turnover (production, holding or transfer)

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(c) Activity of the applicant in the tax warehouse (please mark with ✓ where applicable)

- | |
|---|
| <input type="checkbox"/> Production
<input type="checkbox"/> Processing
<input type="checkbox"/> Receipt from other tax warehouses within the Republic
<input type="checkbox"/> Receipt from other member states of the European Union
<input type="checkbox"/> Receipt from third countries (provided that they have already been released for free circulation)
<input type="checkbox"/> Deliveries for home consumption
<input type="checkbox"/> Deliveries for transfer to another tax warehouse within the Republic
<input type="checkbox"/> Tax free deliveries
<input type="checkbox"/> Deliveries to other member states of the European Union
<input type="checkbox"/> Exports to third countries |
|---|

(d) Kind of accounts / records (Note 4)

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(e) Other information (Note 5)

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(f) Supporting documents (Please mark with √ the attached documents)

- | |
|--|
| <p><input type="checkbox"/> Identity card in case of natural person.</p> <p><input type="checkbox"/> Company's registration certificate issued by the Registrar of Companies and Official Receiver.</p> <p><input type="checkbox"/> Certificate of the registered office of the company issued by the Registrar of Companies and Official Receiver.</p> <p><input type="checkbox"/> Certificate related to the responsible personnel of the company, their status and responsibilities in the company issued by the Registrar of Companies and Official Receiver.</p> <p><input type="checkbox"/> V.AT. registration certificate.</p> <p><input type="checkbox"/> Customs registration certificate.</p> <p><input type="checkbox"/> Landscape and architectural plans of the premises to be used as tax warehouse, approved by the competent authority.</p> <p><input type="checkbox"/> Architect's or Civil Engineer's declaration concerning the area of the premises.</p> <p><input type="checkbox"/> Planning permit and/or Building permit from the competent authority as to the approved usage of the premises.</p> <p><input type="checkbox"/> Evidence verifying the legal possession of the premises such as registration certificate of immovable property or sale /lease contract.</p> <p><input type="checkbox"/> Evidence concerning related authorisations possessed by the applicant.</p> <p><input type="checkbox"/> Any other supporting documents or information which is considered by the Director according to each case to be essential for the correct operation of the tax warehouse and generally for the examination and evaluation of the application.</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
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Declaration

I.....
(Full Name in CAPITAL letters)

declare that all information provided in this application or any of the attached documents is true and correct and I fully consent for the above information to be processed by the Department of Customs and Excise for the purpose of this application.

Signed:

Dated:

Please mark with ✓ where applicable

Self employed: ☐

Partner: ☐

Trustee: ☐

Authorised Executive Personnel: ☐

Secretary of the company: ☐

Director or Secretary: ☐

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For use by Customs only

Application recommended/ not recommended

Comments:

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.....
 Senior Customs officer

Dated:

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For use by Customs only

Application approved / rejected

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Comments:

.....
Director
Department of Customs and Excise

Dated:

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NOTES

1. Describe the category of tax warehouse (General, Private, Special)
2. This box is completed in case the application is submitted for oil tanks.
3. In the column «Category» enter one of the following categories of products that will be produced / held in the tax warehouse.

TOBACCO PRODUCTS – ENERGY PRODUCTS – ALCOHOL AND ALCOHOLIC BEVERAGES.

In the column «Description of products» enter the products which will be produced / held by the warehousekeeper in the tax warehouse according to their category.

4. Give details concerning the accounting system of the activities of the tax warehouse / stock records that may be kept in electronic or other form.
5. Enter any other information such as:
 - application for co-storage with other products,
 - the type of application, whether it is the first application or for modification of an existing authorisation.