



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			
* VILLAGE/TOWN		* Contact Person:	
* ISLAND/STATE /PROVINCE		* CAPS User Profile 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. **This form must be returned with a valid local Picture ID and Trade License where applicable.**

For Official use only.

Issued Trader ID No: _____ Issued by: _____