



COMMONWEALTH OF AUSTRALIA

**AUSTRALIAN  
CUSTOMS SERVICE**

# TRANSHIPMENT ENTRY

**UNDER CUSTOMS CONTROL**  
*(In Quadruplicate)*

Warrant No.



If this form was completed by a business with fewer than 20 employees, please provide an estimate of the time taken to complete this form.

Hours  Minutes

APPROVED FORM UNDER SECTION 71A CUSTOMS ACT

|      |            |              |      |         |         |      |
|------|------------|--------------|------|---------|---------|------|
| Port | § Aircraft | § Ship/Other | From | Arrived | Station | Date |
|------|------------|--------------|------|---------|---------|------|

|       |       |   |     |
|-------|-------|---|-----|
| OWNER | Agent | To be transhipped Under Customs Control per | For |
|-------|-------|---|-----|

| No. on Manifest  |                  | Marks | Numbers | Description of Goods | Country of Origin | Quantity and/or Value |
|------------------|------------------|-------|---------|----------------------|-------------------|-----------------------|
| Importing Vessel | Exporting Vessel |       |         |                      |                   |                       |
| Security No.     |                  |       |         |                      |                   |                       |

Total number of packages  I, , the *\*(authorised agent of the)* owner make this entry.  
 .....§ Owner/Agent

§ Strike out whichever is inapplicable \* Strike out the words in brackets, if inapplicable.

|  |                                      |                                      |                  |
|--|--------------------------------------|--------------------------------------|------------------|
| Goods delivered to licensed carrier, Vehicle No. | Cart Note No. <i>(if applicable)</i> | Received the abovementioned goods    | Time & Date      |
| CUSTOMS OFFICER                                  |                                      | ..... Licensed Carrier<br>per Driver | a.m. / /<br>p.m. |

|                 |      |                                   |      |
|-----------------|------|-----------------------------------|------|
| Goods shipped   | Date | Received the abovementioned goods | Date |
| CUSTOMS OFFICER | / /  | Ship or Airline Officer           | / /  |

Port Print