**Dubai Customs**
**Client Partnership Department**
**Client Accreditation Section**

جمارك دبي
DUBAI CUSTOMS

**جمارك دبي**
**إدارة شراكة العملاء**
**قسم اعتماد العملاء**

# Application Form for Client Accreditation Program

DATE: / /

Company Name: _____ Customs Code: _____

Type of Activities: _____

| Type of existing Guarantee: | Trade License No.: _____ |
|---|---|
| ☐ Self (Company) No.: _____ | Issue date: / / Expiry date: / / |
| ☐ CDR Account No.: _____ | Licensing Authority: _____ |
| ☐ Standing Account No.: _____ | |

Required Document for ACP:

1. Trade License
2. Applicant ID

I have been authorized to sign this application on behalf of the company, and I acknowledge and undertake that all information mentioned and the documents submitted are true and we are aware that our company will undergo an audit process by Dubai Customs initially and in future in order to insure compliance with their requirements.

| Signature of applicant: | Stamp |
|---|---|
| Name: _____<br>Title: _____ | |

How did you come to know about the Client Accreditation Program?
_____

Please fill and submit this form to:
Email: **client.partnership2@dubaicustoms.ae** or Fax: **+971 4 345 1148**