



UNACCOMPANIED PERSONAL EFFECTS STATEMENT

- This is a legally binding document and may be used as evidence.
- This statement must be completed in English (block letters), with all errors and alterations to be initialled.

WARNING

Do not carry drugs. Penalties for drug offences in Australia are severe. A false or misleading statement to an officer of Customs is an offence and may involve heavy penalties, including forfeiture of any goods concerned.

NOTICE

The *Privacy Act 1988* says we must tell you why we are collecting this information, how we will use it and whether you have to give it to us. This information is required to ensure travellers comply with customs, Biosecurity, Health, Wildlife and Currency laws.

We require this information under the *Customs Act 1901*, the *Quarantine Act 1908*, the *Environment Protection and Biodiversity Conservation Amendment (Wildlife Protection) Act 2001* and the *Financial Transaction Reports Act 1988*. The Department of Immigration and Border Protection also needs the information to calculate the right amount of duties and taxes. Any questions you do not answer will be asked by an officer of Customs or an officer of the Department of Agriculture. The Department of Immigration and Border Protection and Department of Agriculture are not permitted to use any supplementary information you give, except when authorised or required by law.

Please complete the following details

Given names SABRINA VICTORIA		Family name SPELLMAN	
Address and telephone number of intended or actual Australian residential address 55 FENCHURCH ST, ALEXANDER HEIGHTS WA 6064		Date of birth 08/02/1984	
Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Passport number 98765432	Country of issue UNITED KINGDOM	
Persons covered by this statement: <input checked="" type="checkbox"/> Myself <input checked="" type="checkbox"/> Spouse		Name of spouse ANDREW SMITH SPELLMAN	
Spouse passport number 98765433		Number of children under 18 years of age 2	
How I arrived or intend to arrive			
On (airline flight number or ship name) BRITISH AIRWAYS, BA55		At (port or airport) PERTH	
Date, or estimated date, of arrival 1ST JANUARY 2020		Country of departure UNITED KINGDOM	

If country of issue is **Australia**, the 'For returning residents only' section below **MUST** be completed.

Airport of arrival in Australia

Must have
Airline name if
flight number
not known yet

For returning residents only

Other countries visited SPAIN, GERMANY, PORTUGAL	Period of absence from Australia 2 YEARS
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How my personal effects arrived or will arrive

☐ By Mail; or ☐ By Air; or ☐ By Sea (if by air or sea then complete below)

The (number of packages)	consigned to me have arrived or are due to arrive		
On (airline flight number or ship name)	At (port or airport)	Date, or estimated date, of arrival	
Container number	Sea Bill or Air Waybill number	Name of local business handling your personal effects	

Clearing your personal effects

You may clear your personal effects or nominate a representative such as a freight forwarder, customs broker, friend or relative to act on your behalf. If you wish to nominate somebody else, you must fill in the details of your nominee in the space provided below.

Family name		Given names	
Address		Phone number	
Your nominee will need to produce the following forms of identification when clearing your goods through customs.			
Driver's licence number	Place of issue	and	Passport number
			Country of issue

Declaration

I declare that the above particulars are to the best of my knowledge true and correct.

Signature of owner Sabrina Spellman	Date 25/12/2019
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Important

You must answer each of the following questions by placing a tick (✓) in the appropriate boxes. If you mark YES in any box in sections three to eight, or if you are in doubt whether any particular effects should be declared, please give details in the space provided under each question or on a separate attachment if the space is insufficient. Unaccompanied effects may be examined. Please ensure that keys are available at the time of clearance.

Section One

Have you come or are you coming to Australia

- ☐ As a tourist only? →
- ☐ To take up temporary residence only? →
- ☐ To resume permanent residence or as a returning Australian citizen?
- ☐ To take up permanent residence for the first time?
- ☐ As an Australian citizen residing overseas, returning temporarily?

Tick the relevant box. If you are a returning resident or citizen of Australia, MUST complete 'For returning residents only' on page 1

Section Two

Did you pack the goods yourself?

- ☐ Yes
- ☐ No →

Are you fully aware of the contents of the packages?

- ☐ Yes
- ☐ No →

If 'YES', fill in the person's details also tick 'YES' in section 5 (*)

Do the packages contain goods belonging to any person other than you or those who accompanied you on your arrival in Australia?

- ☐ Yes →
- ☐ No

Tick relevant box

Section Three

Do your unaccompanied effects contain any of the following restricted goods?

Drugs of any kind including, but not limited to: DHEA, narcotics, hallucinogens, amphetamines, barbiturates, tranquillisers, steroids or performance enhancing drugs.

- ☐ Yes ☐ No

If yes, please provide a list of the goods

Weapons including, but not limited to: firearms or parts (including air pistols and air rifles), ammunition, replica firearms, spring bladed knives, daggers, knuckle dusters or martial arts equipment.

- ☐ Yes ☐ No

If yes, provide inventory item number in which the weapon is located

If yes, please provide a list of the goods

Articles manufactured from wildlife including, but not limited to: reptiles/snakes, elephants, rhinoceri, members of the cat family, whales, dolphins, zebras, antelope, deer or coral.

- ☐ Yes ☐ No

If yes, please provide a list of the goods

Material which is likely to cause offence to a reasonable adult. This may include, but is not limited to: child pornographic material, child abuse material, material which may promote, incite or instruct in matters of crime or violence or misuse of a drug, or sexual material (including bestiality).

- ☐ Yes ☐ No

If yes, please provide a list of the goods

I declare that the above particulars are to the best of my knowledge true and correct and that I have understood the questions contained in this form and the answers to those questions are true and correct.

Signature of owner

Sabrina Spellman

Date

25/12/2019

Section Four

Do your unaccompanied effects contain any of the following goods?

Tick relevant box

Australian and/or Foreign currency in the amount of \$10,000 Australian or more.

☐ Yes ☐ No

If yes, please list the amount(s) in Australian dollars

Medicines (whether prescribed by a medical practitioner or not) including but not limited to: herbal.

☐ Yes ☐ No

If YES, provide inventory item
number medicine is located in

If yes, please provide a list of the goods

Section Five

Tick relevant box

Do your unaccompanied effects contain any of the following goods? If you tick 'yes' to any question, describe the goods in the table below.

Cigarettes, cigars or tobacco

☐ Yes ☒ No

Alcoholic liquor including: spirits, wine or beer.

☐ Yes ☒ No

Motor vehicle, motorcycle, trailers or watercraft.

☐ Yes ☒ No

* Goods belonging to any person other than you or those who accompanied you on your arrival in Australia.

☐ Yes ☒ No

Goods for commercial purposes, including goods for sale, lease, hire or exchange.

☐ Yes ☒ No

Other goods owned by you for less than 12 months.

☒ Yes ☐ No

If insufficient space, attach a separate sheet

If there is Alcohol or Tobacco
in the shipment, a separate
declaration is to be filled.

Must correspond to answer in
Section 2

Actual or estimated price is
required for each item. Note: Date
of purchase (Month and Year is
sufficient) for goods owned for
less than 12 months

Description	Price or estimated price \$AUS	Date of purchase
1 x DINING TABLE	A\$1500.00	03/2019

IMPORTANT NOTICE: Any goods owned by you for less than 12 months must be declared. Such goods will be assessed for duty and taxes. Penalties exist for not declaring such goods. For further information please visit our website at www.border.gov.au

Section Six

Within one month prior to shipping these effects to Australia, did you or any member of your family who arrived or will arrive with you, visit a place where farm animals are kept, including farming communities, research farms, sanctuaries and sale yards or visit an abattoir or any meat processing plant?

☐ Yes ☐ No

I declare that the above particulars are to the best of my knowledge true and correct and that I have understood the questions contained in this form and the answers to those questions are true and correct.

Signature of owner

Sabrina Spellman

Date

25/12/2019

Section Seven**Tick relevant box**

Do your unaccompanied effects contain any of the following goods, subject to animal biosecurity laws, or wildlife export and import laws?

Animals alive or dead including mammals, reptiles, fish, birds, insects or parts thereof or Animal Products including: feathers, skins, horns, shells, hatching eggs, semen or embryos.

☐ Yes ☐ No

If yes, please provide a list of the goods

Food of any kind (including any edible item) such as:

meat, poultry, eggs, dairy products, baby food, spreads and sauces, beverages and non-alcoholic drinks.

☐ Yes ☐ No

If yes, please provide a list of the goods

Equipment used with horses or other animals including:

saddles, harnesses, whips, collars, brushes, blankets or rugs used as animal bedding.

☐ Yes ☐ No

If yes, please provide a list of the goods

Biological specimens including:

vaccines, cultures, blood, cell samples or cell lines, semen or embryos.

☐ Yes ☐ No

If yes, please provide a list of the goods

Section Eight**Tick relevant box**

Do your unaccompanied effects contain any of the following goods, subject to plant biosecurity laws?

Plants or parts of plants live or dead including:

fruits, nuts, seeds, bulbs, leaves, wooden articles or articles made of plant material, cuttings, flowers, mushrooms, fungi, straw, bamboo, herbs or teas.

☐ Yes ☐ No

If yes, please provide a list of the goods

Furniture or other articles of wood, cane or bamboo.

☐ Yes ☐ No

If yes, please provide a list of the goods

Soil or earth or goods containing soil, earth, rock or mineral samples.

☐ Yes ☐ No

If yes, please provide a list of the goods

If YES - Write "As per Packing List". If No, Leave Blank

Straw or wood packing material other than wood shavings or sawdust.

☐ Yes ☐ No

Egg or fruit cartons used in packing.

☐ Yes ☐ No

I declare that the above particulars are to the best of my knowledge true and correct and that I have understood the questions contained in this form and the answers to those questions are true and correct.

Signature of owner

Sabrina Spellman

Date

25/12/2019

FOR OFFICIAL USE ONLY

Goods declared

Action taken

ICD number: