

**HIGH COMMISSION OF BRUNEI DARUSSALAM
APPLICATION FOR SHIPPING PERSONAL ITEMS****Instructions:**

1. Complete this form and email to students@brunei.org.au TWO (2) months before departure.
2. Indicate with a circle or tick (✓) where appropriate.

A. STUDENT PARTICULARS											
Full Name (In CAPITAL)					BSNZ No.						
Mobile No.					E-Mail Address						
B. ACADEMIC DETAILS											
Name of Institution					University Student ID No.						
Program Title					Program Start Date (dd/mm/yyyy)						
Course Length					Year(s)		Semesters			Program End Date (dd/mm/yyyy)	
Sponsorship Awarded By:					Sponsorship Start Date (dd/mm/yyyy)						
Reference Letter No.					Sponsorship End Date (dd/mm/yyyy)						
C. CURRENT SEMESTER PROGRAM DETAILS											
Academic Year (Please Circle where appropriate)		1	2	3	4	5	6	R	Semester Exam Result Date (dd/mm/yyyy)		
D. SHIPPING DETAILS (Applicable only on completion of study)											
Name of Company					International Mover			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Address					Shipment Allowance			<input type="checkbox"/> Single: 1.13 m ³			
Contact Person								<input type="checkbox"/> With Spouse: 1.79 m ³			
Mobile No.					Volume Shipped			m ³			
E-Mail Address					Tax Invoice No.						
E. PACKING & COLLECTION DETAILS											
Address (If different from current address)					Post Code						
Packing & Collect		Date		Time		<input type="checkbox"/> AM	<input type="checkbox"/> PM				
F. SHIPPING DETAILS											
Shipping Carrier					Date of Departure (dd/mm/yyyy)						
Address in Brunei					Transit Port						
					Post Code					Date of Arrival in Brunei (dd/mm/yyyy)	
Contact Person in Brunei					Mobile No.						
G. DECLARATION											
Important:											
1. I hereby declare that the information I have provided in this application form is TRUE and the documents attached are mine.											
2. I understand that I am only entitle for DOOR to PORT facilities.											
3. I will borne all expenses to have my personal items transported from port to the address provided in the shipping details above. These may include port and custom charges, and transport delivery.											
Signature/ Initial:							Date:			dd/mm/yyyy	
H. FOR INTERNAL USE ONLY											
Please tick if documents are submitted by student			Check By		Endorsed By		Remarks				
Passport and Visa	<input type="checkbox"/>		Signature/ Initial		Signature/ Initial						
Bill of Lading	<input type="checkbox"/>										
Exam Results/Transcripts/Statements	<input type="checkbox"/>		Full Name and Designation		Full Name and Designation						
Resit Timetable (If Applicable)	<input type="checkbox"/>										
E-Tickets	<input type="checkbox"/>										
Receipts/Tax Invoice	<input type="checkbox"/>										