

OFFICIAL (WHEN COMPLETED)

Please submit the form as a signed original to:
C&I BFG
Trading Advisory Officer
BFPO 39

ANNEX A TO
SO BFG 5206

REGISTRATION OF TRADING ACTIVITY

PART I - APPLICANT'S DETAILS

Full Name	
Service/Passport No	
Rank/Status (Mr, Mrs or Miss)	
Unit	
Contact Telephone Number	
End of tour date	
Address SFA/Private Accn*	

PART II - BUSINESS DETAILS

Name/Title of Business:		
Address or place at which it is intended to conduct the business.		
I intend to trade in (brief description)		
I intend to offer the service of (brief description)		
I intend to obtain goods from (name and address of supplier/s)	a)	
	b)	
	c)	

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I understand that I **may not use** the Forces Post Office to import/export any goods. (Para 22) Goods will be imported by me through postal/rail/air/road* means and I will collect them from:

Note: The place of collection is the place where the goods are collected and customs duties paid, ie if you declare the goods to a German customs office, including border post, give location.

<ul style="list-style-type: none">I intend <input type="checkbox"/> do not intend <input type="checkbox"/> to employ agents (if yes give details):
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- I understand that I **may not use** my BFG registered vehicle in the pursuance for my business(Para 17)
- Once permission has been granted by your Commanding Officer you are to register your business with the **local German Trading Office** (Gewerbeamt). A copy of your registration is to accompany this application.
- I understand that customs duties are to be paid on all goods imported into the Federal Republic of Germany which are intended for resale or are not for my personal use.

Date: _____ Signature: _____

PART III - AUTHORITY OF COMMANDING OFFICER

I hereby authorise the above applicant to conduct a business and, if applicable, to operate it from their Service accommodation.

UNIT STAMP

Rank & Name: _____

Signature: _____

Date: _____

I hereby authorise the above applicant to operate a business from their Service Family Accommodation (SFA)

HCSO Stamp

Name & Signature: _____

Housing and Community Support Office (HCSO)