

3.4 PLANNING PHASE

EXHIBIT H - Authorization to Share Information

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|---------------------------|---|
| Document Name | Authorization to Share Information |
| Document Number | 3.4H |
| When/How Used | Sent to the client, along with the Notification Letter, asking the client to indicate whether or not they wish their Customs Broker or other Service Provider to receive a copy of information or documents, as a result of a verification, including any Notice of Penalty Assessment. |
| Created on | June 4, 2003 |
| Last Updated On | February 28, 2007 |
| Document Owner | |
| Division | Compliance Management HQ |
| Contact | Contact your local compliance verification office at: http://cbsa.gc.ca/contact/listing/indexpages/index-e.html |
| Other Stakeholders | |



Canada Border
Services Agency

Agence des services
frontaliers du Canada

Company Name
Address

Canada Border Services Agency
Trade Compliance Division

Region
Address
City, Province
Postal Code

Attention:

Date

Subject: Authorization to Share Information with Customs Broker(s) and/or Customs Service Provider(s).

This refers to the Trade Compliance Verification (Case #) initiated by the Canada Border Services Agency (CBSA), Trade Compliance Division, (name of region), on (date).

The purpose of this notification is to ensure the CBSA is responsive to our clients needs for privacy and that we maintain the confidentiality of any information that may be shared or exchanged as a result of the verification. Therefore, we would appreciate receiving your instructions regarding the distribution of any correspondence, interim or final reports, assessment of additional duties and taxes, assessments of penalties, or other types of communication.

Please complete the attached form, to indicate whether or not you wish your customs broker(s), or other service provider(s), to receive a copy of any of the above-mentioned correspondences, reports or assessments that may be issued, as a direct result of this verification. Should you agree, the CBSA will provide a copy of all such information to your customs broker(s) / service provider(s), in accordance with paragraph 107(9)(b) of the Customs Act. Please return the attached form to the address or fax number listed below within ten business days.

If you have any questions or concerns, please contact the undersigned at
Phone number.

Yours truly,

Officer Name
Title
Location
Facsimile Number

Authorization to Share Information

IMPORTER NAME
ADDRESS
CITY, PROVINCE
POSTAL CODE

File No: **XXXXXXX**

Canada Border Services Agency
Trade Compliance Division
PO Box 1641
Windsor, Ontario
N9A 7K3

Attn: **CASE OFFICER'S NAME**

Instructions for Sharing Information with Customs Brokers and / or Customs Service Providers

- ☐ Yes, provide a copy of all correspondence or assessments to the customs broker(s) and/or service provider(s), whose name(s) and address (es) are listed below:
- ☐ No, I do not wish my customs broker or service provider to receive a copy of any correspondence or assessments issued by the CBSA.
- ☐ Please forward only the following correspondence or assessments to my broker(s) and/or service provider(s), whose name and address (es) are listed below:

| | |
|--|--------------------------|
| Trade Compliance Interim/Final Verification Report | <input type="checkbox"/> |
| Desk Verification Complete Letter | <input type="checkbox"/> |
| Detailed Adjustment Statement | <input type="checkbox"/> |
| Notice of Penalty Assessment | <input type="checkbox"/> |
| Other correspondence | <input type="checkbox"/> |

| Name | Address |
|------|---------|
| | |
| | |

Signature and Title

Date