

**İHRACATÇI KAYIT FORMU**

<b>EXPORTER REGISTRY FORM</b>			
Legal Title*			
Business Title**			
Address*** 1. Line			
Address 2. Line			
Address 3. Line			
City			
State/Province/Region			
ZIP			
Country			
Phone Number			
Fax Number			
URL			
E-mail			
Tax Authority			
Tax Registry Number			
Number of Employee (Yearly average)			
Total Sales in USD (last year)			
Year of Establishment			
Legal (Corporate) Status			
International quality certificates owned and their registry numbers			

<b>Countries products are exported to</b>	
Export country(ies)	Product(s)

**I hereby declare that the information presented above is correct and verifiable.**

Name, surname and title in the company	
Company stamp and sing of the authorized person	

\*The title that company is registered to.

\*\*The title appears on invoice.

\*\*\*Legal address that headquarters is legally registered.

**THE LIST OF THE TEXTILE & READY MADE GARMENT PRODUCTS THAT SHOULD  
BE REGISTERED**

**HS Codes**

4203.10

4203.21

4203.29

4203.30

4303.10

43.04

50. section

51. section

52. section

53. section

54. section (except 5407.20)

55. section

56. section

57. section (except 57.01 & 57.02 )

58. section (except 58.05)

59. section

60. section

61. section

62. section

63. section (except 6305.32 & 6305.33)

65.05

**INFORMATION ABOUT THE IMPORTER**

**Company Name:**

**Tax Number:**

**Address:**

**Tel /Fax/E-mail:**

I certify that all the data stated in the below-attached table belong to the above-mentioned company and they are all correct.

CERTIFIED PUBLIC ACCOUNTANT  
NAME / SURNAME  
SIGNATURE & SEAL

ACCOUNT NUMBER	NAME OF THE ACCOUNT	2004	2005	2006	2007	2008
620	Cost of the Products Sold					
621	Cost of the Commercial Goods Sold					
600	Domestic Sales					
601	Export Sales					
61-	Sales Discounts					
152	Products					
153	Commercial Goods					
690	Profit / Loss					
691	Tax of the profit that should be paid					
720	Direct Workmanship Expenses					
-	Total number of days during which the importer paid social insurance premium for the workers employed by him / her					
-	Total amount of import (USD \$) done by the importer					
-	Total amount of export (USD \$) done by the importer					

## APPLICATION FORM for REGISTRATION CERTIFICATE

Attention to: UNDERSECRETARY OF THE PRIME MINISTRY FOR FOREIGN TRADE  
(to the General Secretariat of.....)

Date: ....../.../....

Application & Written Contract :

According to the Communiqué numbered (2009/21) we would like to make register the products listed in the attached form and to receive a registration certificate issued in the name of our company. We certify that all the data declared in this application form are correct and we undertake that we will not turn over the registration certificate to third parties.

Signature &amp; Seal

Name - Title

<b>INFORMATION ABOUT THE IMPORTER</b>			
Name/Title:			
Address:			
Tel:	Fax:	E-mail:	
Tax Office:		Tax number:	
Name of the Chamber of Commerce / Industry in which the importer is registered & Registration Number:			
<b>INFORMATION ABOUT THE ONE WHO HAS SUBMITTED THIS DECLARATION (in case he /she is someone different than the importer)</b>			
Name/Title:			
Address:			
Tel:	Fax:	E-mail:	
Tax Office:		Tax/Turkish ID Number:	
Name of the Chamber of Commerce / Industry & Registration Number:			
EXPORTER REGISTRATION NUMBER:			

**OTHER DOCUMENTS THAT SHOULD BE SUBMITTED TOGETHER WITH THE REGISTRATION CERTIFICATE APPLICATION FORM:**

- 1: Notarised circular of signature for company official(s) with full power of attorney
- 2: In each fiscal year the Importer Information Form approved by a Certified Public Accountant should be submitted during the first application.
- 3: Exporter Registration Form only when a good is imported for the first time. Exporter Registration Form should be approved first by the authorized office in the exporter's country, then by the Turkish Embassy located in the exporter's country. In case there is no Turkish Embassy the Exporter Registration Form should be approved by the Chamber of Commerce of which the exporter is the member.
- 4: Below attached INFORMATION FORM ABOUT IMPORTED GOODS

**5:** Declaration about the goods imported if the goods imported are Knitted / Woven Fabric & Details about Yarn Fibres.

**INFORMATION FORM ABOUT IMPORTED GOODS**

INFORMATION ABOUT EACH PRODUCT LISTED IN THE PROFORMA INVOICE / COMMERCIAL INVOICE									
NUMBER & DATE OF THE PROFORMA INVOICE / THE COMMERCIAL INVOICE:									
HS Code	DESCRIPTION of the GOODS IMPORTED	YARN / FABRIC/ COMPOSITION		CATEGORY NO	GROSS WEIGHT KG	QUANTITY Number/ m <sup>2</sup> / Pair / Other	FOB PRICE	CF / CIF PRICE	COUNTRY OF ORIGIN
		TYPE of the FIBRES	%						

REGISTRATION OFFICES

NAME	ADDRESS	CONTACT DETAILS
Istanbul Textile & Apparel Exporter Associations  Koordinatör: İstanbul Tekstil ve Konfeksiyon İhracatçı Birlikleri Genel Sekreterliği ( <b>İTKİB</b> )	Dış Ticaret Kompleksi Çobançeşme Mevkii, Sanayi Caddesi Yenibosna / Bahçelievler / İSTANBUL	Tel: (212) 454 02 00 Fax: 454 02 01 E-mail: evrak@itkib.org.tr
AEGEAN EXPORTERS' ASSOCIATION  Ege İhracatçı Birlikleri Genel Sekreterliği ( <b>EİB</b> )	Atatürk Cad. No: 382 Alsancak – İZMİR	Tel: (232) 488 60 00 Fax: 488 61 00 E-mail: eib1@egebirlik.org.tr eib@egebirlik.org.tr
MEDITERRANEAN EXPORTER UNIONS  Akdeniz İhracatçı Birlikleri Genel Sekreterliği ( <b>AKİB</b> )	Uray Caddesi Turan İşhanı Kat 3-4 MERSİN	Tel: (324) 237 68 00 (5 Hat) Fax: 237 71 09 232 33 25 E-mail: arge@akib.org.tr ebim@akib.org.tr
ULUDAG EXPORTERS' ASSOCIATION  Uludağ İhracatçı Birlikleri Genel Sekreterliği ( <b>UİB</b> )	Organize Sanayi Böl. Kahverengi Cad. No: 8 Nilüfer-BURSA	Tel: (224) 219 10 00 Fax: 219 10 90 E-mail: uludag@uib.org.tr ihrbir@anet.net.tr
ANTALYA EXPORTER UNIONS  Antalya İhracatçı Birlikleri Genel Sekreterliği ( <b>AİB</b> )	Atatürk Caddesi Raşit Berberoğlu İşhanı Kat: 6 ANTALYA	Tel:(242) 241 39 69 244 01 20-26 Fax: 244 01 27-28 E-mail: aib@aib.org.tr aib-arge@aib.org.tr
SOUTH EAST ANATOLIAN EXPORTER UNIONS  Güneydoğu Anadolu İhracatçı Birlikleri Genel Sekreterliği ( <b>GAİB</b> )	İnönü Caddesi Keleş Hoca Sokak No:1, Şahinbey - GAZİANTEP	Tel: (342) 220 00 10 (5 Hat) Fax: 220 00 15-16 E-mail: evrak@gaib.org.tr gaib@gaib.org.tr
DENİZLİ TEXTILE & APPAREL EXPORTERS' ASSOCIATION  Denizli Tekstil ve Konfeksiyon İhracatçıları Birliği Genel Sekreterliği ( <b>DETKİB</b> )	Ankara Yolu 10. Km. 246. Sokak No: 8 P.K. 402 20002 DENİZLİ	Tel: (258) 274 66 88 (Pbx) Fax: 274 72 22 274 72 62 E-mail: detkib@detkib.org.tr

**PRODUCER / IMPORTER INFORMATION FORM**

(This table will not be approved by Certified Public Accountant)

NAME OF THE GROUP	SUB-PRODUCT GROUP	SHARE IN THE TOTAL PRODUCTION (%)
<b>YARN GROUP</b>	Pamuk dışındaki kısa elyaftan iplikler	
	Suni ve sentetik iplikler	
	Yün ipliği	
<b>TEXTILE GROUP</b>	Pamuklu dokuma mensucat (denim hariç)	
	Denim	
	Suni sentetik dokuma mensucat	
	Pamuklu ve suni sentetik dışındaki maddelerden dokuma mensucat	
	Örme mensucat	
	Dokunmamış mensucat	
	Ev tekstili	
<b>READY MADE GARMENTS GROUP</b>	Denim giyim	
	Dokuma dış giyim	
	Örme dış giyim	
	İç giyim	
	Çorap	
	Aksesuarlar	
<b>LEATHER GROUP</b>	Deri ve Kürk Giyim Ürünleri	
<b>OTHERS</b>	(Please write down)	
Name / Surname of the person who filled in this table: Title : Signature:		