



DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB APPROVAL NO. 1651-0064
EXPIRATION DATE 12-31-2020

CREATE/UPDATE IMPORTER IDENTITY FORM

19 CFR 24.5

As the importer, consignee, or other party listed in block 1, you are responsible for the validity of the information provided in this document. Any Customs Broker or third party who is submitting the information on your behalf is only obligated to convey this information to Customs and Border Protection (CBP).

PRIVACY ACT STATEMENT: Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that: 19 CFR 24.5 authorizes the disclosure of Social Security numbers (SSN) on the CBP Form 5106, and implements CBP's authority to collect the taxpayer identification number and SSN as provided for in 31 U.S.C. 7701; the principal purpose for disclosure of the Social Security number is to identify the individuals conducting business with CBP to assist in regulatory compliance and investigations, and administrative or judicial proceedings; the information collected may be provided to those officers and employees of CBP and any constituent unit of the Department of Homeland Security who have a need to know the information in the performance of their duties; also, the records may be referred to any federal, state, local tribal, territorial, or foreign agency for whom CBP determines may assist in the enforcement of criminal or civil laws, or assist in intelligence or counter-intelligence, or breach notification, or for the compilation of foreign trade statistics and for verifying the existence of the importer and any linkages or affiliations between importers (19 U.S.C. 4320) pursuant to the requirements of Public Law 114-125 (Trade Facilitation and Trade Enforcement Act of 2015); and failure to provide the required information will result in the denial of an importer of record number, the requirement to use a separate party for transactions, and may impact or delay the importation of shipments in international trade.

PAPERWORK REDUCTION ACT STATEMENT: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0064. The estimated average time to complete this application is 45 minutes. The obligation to respond is required to obtain a benefit. If you have any comments regarding the burden estimate, you can write to U.S. Customs and Border Protection, Office of International Trade, Regulations and Rulings, 90 K Street NE, Washington DC 20229-1177.

TYPE OF ACTION (Mark all applicable): ☒ Notification of identification number ☐ Change of name ☐ Change of address

All the data elements with a red asterisk are required

1. NAME AND IDENTIFICATION NUMBER

1A. *Importer/Business/Private Party Name:

1B. Internal Revenue Service (IRS) number/Social Security Number (SSN):

47-2609765

1C. ☐ DIV ☐ AKA ☐ DBA

1D. DIV/AKA/DBA Name:

1E. ☒ I wish to be assigned a CBP Number. Check here if requesting a CBP-Assigned Number and indicate reason(s).
Check all reasons that apply.

☒ I have an SSN, but wish to use a CBP-Assigned Number on all my entry documents

☐ I have no Social Security Number

☐ I have no IRS Number

☐ I have not applied for an IRS number or SSN

☐ I am not a U.S. Resident

1F. CBP-Assigned Number: AWW# 775829925820

1G. Type of Company: ☐ Corporation ☒ Partnership ☐ LLC ☐ Sole Proprietorship ☐ Individual
☐ U.S. Government ☐ State/Local Government ☐ Foreign Government

1H. If you are an importer, how many entries do you plan on filing in a year? Please select from the following:

☐ 1-4 per year ☒ 5-24 per year ☐ 25 or more per year ☐ infrequent personal shipments, or ☐ I do not intend to import.

1I. How will the identification number be utilized? Please select all options that will apply: ☐ Importer of Record

☐ Consignee/Ultimate Consignee

☐ Drawback Claimant

☐ Refunds/Bills, or

☐ Other

1J. Program Code 1:

1K. Program Code 2:

1L. Program Code 3:

1M. Program Code 4:

2. ADDRESS INFORMATION

2A. MAILING ADDRESS (Each street address line can be no more than 32 characters)

*Street Address 1: 11517 Chesley Court

*City: Bowie

*State/Province: MD

Street Address 2:

Zip Code: 20721

Country ISO Code:

*Is the address in 2A, a ☒ Residence ☐ Corporate Office ☐ Warehouse ☐ Retail Location ☐ Office Building
☐ Business Service Center ☐ Post Office Box or ☐ Other - Explain: _____

2B. PHYSICAL LOCATION ADDRESS (Required only if different than mailing address. 32 character limit applies to street address lines)

*Street Address 1: 11517 Chesley Court

*City: Bowie

*State/Province: MD

Street Address 2:

Zip Code: 20721

Country ISO Code:

*Is the address in 2B, a ☒ Residence ☐ Corporate Office ☐ Warehouse ☐ Retail Location ☐ Office Building or
☐ Other - Explain: _____

2C. *Phone number: (301) 346-0186

Extension:

2D. Fax number:

2E. *Email address: mercyendah@gmail.com

2F. Website: eurofashionfusion.com

3. COMPANY INFORMATION

3A. Provide a brief business description: _____

3B. Provide the 6-digit North American Industry Classification System (NAICS) code for this business: _____

3C. Provide the D-U-N-S Number for the Importer: _____

3D. If you are also a broker/self-filer, supply the filer code that will be used when conducting business with CBP: _____

3E. Year established: _____

3F. List the names and Internal Revenue Service (IRS) employer identification, Social Security or CBP-Assigned numbers for current or previous related business entities.

Related Business	Name of Business Entities	IRS/SSN/CBP-Assigned Number
<input type="checkbox"/> Current <input type="checkbox"/> Previous		
<input type="checkbox"/> Current <input type="checkbox"/> Previous		
<input type="checkbox"/> Current <input type="checkbox"/> Previous		

3G. Primary Banking Institution: _____

(Bank Routing Number) (City) (State) (Country ISO Code)

(Name)
MD

3H. Certificate or Articles of Incorporation - (Locator I.D.): _____

3I. Certificate or Articles of Incorporation - (Reference Number): _____

3J. Business Structure/Beneficial Owner/Company Officers - The individuals listed in this section must have importing and financial business knowledge of the company listed in section 1 of this form and must have legal authority to make decisions on behalf of the company listed in section 1.

Company Position Title:		Name (Last, First Middle Initial):	
Direct Phone Number:		Extension:	Direct Email:
Social Security Number:	Passport Number:	Country of Issuance:	Passport Expiration Date:
Passport Type: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card			
Company Position Title:		Name (Last, First Middle Initial):	
Direct Phone Number:		Extension:	Direct Email:
Social Security Number:	Passport Number:	Country of Issuance:	Passport Expiration Date:
Passport Type: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card			
Company Position Title:		Name (Last, First Middle Initial):	
Direct Phone Number:		Extension:	Direct Email:
Social Security Number:	Passport Number:	Country of Issuance:	Passport Expiration Date:
Passport Type: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card			
Company Position Title:		Name (Last, First Middle Initial):	
Direct Phone Number:		Extension:	Direct Email:
Social Security Number:	Passport Number:	Country of Issuance:	Passport Expiration Date:
Passport Type: <input type="checkbox"/> Regular <input type="checkbox"/> Official <input type="checkbox"/> Diplomatic <input type="checkbox"/> Passport Card			

4. CERTIFICATION

By my signature below, I certify that, to the best of my knowledge and belief, all of the information included in this document is true, correct, and provided in good faith. I understand that if I make an intentional false statement, or commit deception or fraud in this 5106 document, I may be fined or imprisoned (18 U.S.C. § 1001).

*Printed or Typed Full Name and Title: CEO *Signature: MERCY MONIE

Telephone Number: 301 346 0186 Date: 7/29/19 Broker Name: _____ Telephone Number: _____