

ELECTRONIC DATA INTERCHANGE (EDI) APPLICATION FOR ADVANCE COMMERCIAL INFORMATION (ACI)

Enter the date that you completed the application.

\*  New  Update

\* Date (yyyy/mm/dd) | 2016/08/16

Section 1 - ACI EDI Application				
Select one line of business that applies to this ACI EDI application.				
<input type="checkbox"/> Highway Carrier	<input type="checkbox"/> Air Carrier	<input type="checkbox"/> Marine Carrier	<input type="checkbox"/> Rail Carrier	<input checked="" type="checkbox"/> Freight Forwarder
<input type="checkbox"/> Warehouse Operator	<input type="checkbox"/> Account Security Holder			
Section 2 - Company Profile				
*Legal Company Name CyberLogitec Co., Ltd.		Operating/Trade Name		
*CBSA Issued client identifier (Associated to the line of business selected.)		8XXX   Provide the CBSA carrier code of your company.		
Are you an approved Customs self-assessment (CSA) carrier or importer?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be transmitting customs information for CSA goods?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Head Office Address				
Street 16th Fl. Nuritcum Square R&D Tower, World cup Buk-ro 396	City Seoul	Province/State Code Seoul	Country Code KR	Postal/Zip Code 121795
Business Office Address				
Street 16th Fl. Nuritcum Square R&D Tower, World cup Buk-ro 396	City Seoul	Province/State Code Seoul	Country Code KR	Postal/Zip Code 121795
Contact Information				
Last Name Park	First Name YongSoon	Title General Manager		
eMail yspark@cyberlogitec.com	Telephone: 82-2-6350-2415	Fax: 82-2-6350-2050		
Language Preference	<input checked="" type="checkbox"/> English	<input type="checkbox"/> French		
Emergency After Hours Contact Information (the name of the person who can trouble shoot system issues)				
Last Name	First Name	Title		
eMail	Telephone:	Fax:		
Language Preference	<input type="checkbox"/> English	<input type="checkbox"/> French		
Section 3 - Authorize an Agent <small>If you'd like to delegate filing authority to your partners, provide their information. Attach a separate list should you wish to authorize multiple Agents.</small>				
Complete this section if you have contracted the services of an Agent to act on your behalf. Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA is the sole responsibility of the client regardless of whether an agent is used. It is your responsibility to advise the CBSA should/when you wish to cancel authorization for this agent.				
Legal Company Name CyberLogis INC.		Operating/Trade Name		CBSA identifier of the Agent (if applicable) 8YYY
Contact Information				
Last Name Park	First Name YongSoon	Title General Manager		
eMail yspark@cyberlogitec.com	Telephone: 82-2-6350-2415	Fax: 82-2-6350-2050		
Do you authorize this agent to process customs information electronically for the CBSA on your behalf?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you authorize the CBSA to release to this agent, customs information transacted on your behalf by this agent?*			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Language Preference	<input checked="" type="checkbox"/> English	<input type="checkbox"/> French		





\*Customs information released to the Agent or Service Provider will include any information related to the EDI client profile, electronic information transmitted or processed by the Agent or Service Provider and pre-arrival information required by the CBSA during monitoring or audit.

**Section 4 - Authorize a Service Provider** This information was already filled out in the application form by CyberLogitec. You don't need to enter it.

Complete this section if you have contracted the services of a service provider to set up your EDI client profile and/or transmit customs information electronically to the CBSA. Please note that the obligation to provide information required by the Customs Act and any related regulation to the CBSA is the sole responsibility of the carrier regardless of whether a service provider is used. It is your responsibility to advise the CBSA should/when you wish to cancel authorization for this service provider. A service provider may be any party that you contract to transmit electronic documents and/or receive messages from the CBSA. A service provider is not an Agent in that they are simply providing a mechanism for which you may transact electronic commerce with the CBSA. Note: It is your responsibility to ensure that your Section 12, Report of Goods is obtained for your own books and records.

Legal Company Name Cyberlogitec Co.,Ltd.	Operating/Trade Name Cyberlogitec Co.,Ltd.
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**Contact Information**

Last Name Park	First Name YongSoon	Title System Engineer
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eMail smartinkadm@cyberlogitec.com	Telephone: 82-2-6350-2415	Fax: 82-2-6350-2050
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Do you authorize this service provider to process customs information electronically for the CBSA on your behalf?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you authorize the CBSA to release to this service provider customs information transmitted on your behalf by this service provider?*	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Language Preference	<input checked="" type="checkbox"/> English	<input type="checkbox"/> French
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\*Customs information released to the Agent or Service Provider will include any information related to the EDI client profile, electronic information transmitted or processed by the Agent or Service Provider and pre-arrival information required by the CBSA during monitoring or audit.

**Section 5 - Software** If you will transmit the manifest file by your own software, select Yes and enter name of software provider.

Will you be using your own software to create electronic customs information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of Software Provider	
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**Section 5a - Communications Protocol Method**

Identify the communication protocol method that you intend to use or that the authorized agent and/or service provider is to use. You may select one or more communication protocol methods to transmit customs information to the CBSA. Complete the following for each communication method that will be utilized.

More information on the approved communication methods may be found at [www.cbsa-asfc.gc.ca/eservices/comm-eng.html](http://www.cbsa-asfc.gc.ca/eservices/comm-eng.html).

**Section 5b - Customs Internet Gateway** Section 5a and 5b is Not Applicable for this application.

Will you be using the Customs Internet Gateway?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Sender Identification (Client defined application sender ID as per the GS or UNG segment)	Certificate Number in Production	Certificate Number in Testing

Mailbox ID (Partner ID, the ISA or UNB segment)	EDI map version	EDIFACT	ANSI

**Section 5c - Direct Connect or Value Added Network** This information was already filled out in the application form by CyberLogitec. You don't need to enter it.

Will you be using a Direct Connect or Value Added Network?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of Direct Connect or Value Added Network Railinc	Sender Identification (Client defined application sender ID as per the GS or UNG segment) CYBERLOGITEC
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Mailbox ID (Partner ID, the ISA or UNB segment)	CYBERLOGITEC	EDI map version	<input checked="" type="checkbox"/> EDIFACT	<input type="checkbox"/> ANSI
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**Section 6 - EDI Messages (must select one)** If you are Freight Forwarder, have to select second and third message.

Please select from the list below, the EDI message(s) that you wish to add to your EDI client profile. You must select at least one of the message listed below

Name of Message	Line of Business the Message Applies to
<input type="checkbox"/> Cargo and conveyance documents	Carriers (marine, highway, rail, air)
<input checked="" type="checkbox"/> House bill document	Freight Forwarders
<input checked="" type="checkbox"/> Supplementary documents	Carriers (marine, air), Freight Forwarders
<input type="checkbox"/> Arrival document	Carriers (marine, air, rail), Warehouse operators
<input type="checkbox"/> Bay plan document	Carriers (marine)

**Section 6a Document Notices** (Check all the notices you would like to receive. Please note an acknowledgment will be sent automatically once CBSA receives your inbound document). See chart in instruction below to know which notices are available.



* Name of Notices <b>This information was already selected in the application form by CyberLogitec to receive All Notices and Manifest Forward Notice.</b>		Primary Notify Party (PNP)	Automated Notify Party (ANP)	Secondary Notify Party (SNP)
<input checked="" type="checkbox"/>	All Notices (select this box if you wish to receive all notices available)	V	V	N/A
<input type="checkbox"/>	Completeness Notices Matched/Not Matched/Cargo Complete/Document Package Complete		N/A	N/A
<input type="checkbox"/>	Disposition Notices			N/A
<input type="checkbox"/>	Reported			N/A
<input type="checkbox"/>	Arrived			N/A
<input type="checkbox"/>	Deconsolidation			N/A
<input type="checkbox"/>	Document Not on File			N/A
<input type="checkbox"/>	Authorized to Deliver			N/A
<input type="checkbox"/>	Released			N/A
<input type="checkbox"/>	Held for CBSA (Basic)			N/A
<input type="checkbox"/>	Manifest Forward Notice (This notice is received as a Secondary Notify Party and is currently only available on the House bill)	N/A	V	V

Section 6b Profile: Please enter your Partner alias(es) as well as identify the document alias type for each.

Sender / Receiver ID (ISA/GS or UNB/UNG)	Format	
	GOV13A	ANSI7010
Return to Sender Mailbox ID		
Alternate Mailbox ID		
Alternate Mailbox ID		
Alternate Mailbox ID		

**Section 7 – Remove a Company Contact** Section 7, 8 and 9 are not applicable for new application.

Last Name	First Name	eMail

**Section 8 – Remove an Agent**

Complete this section if you wish to cancel authorization for this agent.

Legal Company Name	Operating/Trade Name	CBSA identifier of the Agent (if applicable)

**Section 9 – Remove a Service Provider**

Complete this section if you wish to cancel authorization for this service provider.

Legal Company Name	Operating/Trade Name

**Section 10 - Certification**

Provide the information of an authorized person of your company with signing authority.

This form must be signed by an authorized person of the business such as an owner, a partner of a partnership, or a director of a corporation. By signing and dating this form, you authorize the CBSA to deal with the individual(s), or firm(s) listed in Sections 3 and/or 4 of this form.

Language Preference	Telephone	Fax	eMail
<input checked="" type="checkbox"/> English   <input type="checkbox"/> French	82-2-6350-2415	82-2-6350-2050	yspark@cyberlogitec.com
Authorized Person's Name		Title	
YongSoon Park		General Manager	
Signature		Date (YYYY/MM/DD)	
		2016/08/16	