

CUSTOMS AUTHORIZATION FORM

Name of Organization/Individual

Address of Organization/Individual

.....

Date:.....

**The Comptroller of Customs and Excise
Customs House
Upper Bay Street
Kingstown**

Dear Sir,

I /We hereby authorize the under-mentioned person(s) to act on my/our behalf and to perform the function(s) as indicated below in accordance with section 17 of the Customs (Control and Management) Act# 14 of 1999.

Names of authorized persons

Specimen Signature

Authorized function

Please tick as appropriate

1.....

.....

A B C D

Address.....

2.....

.....

A B C D

Address.....

3.....

.....

A B C D

Address.....

Specimen of Official Stamp

Authorized Functions

- A Approve items for duty free concessions**
- B Prepare customs declarations**
- C Sign customs declarations**
- D Act as shipping agent for Vessel/ Aircraft.....**

Respectfully

.....
Signature of Manager/Director/P.S./H.O.D./Importer

Warning; It is an offence to make or sign, or cause to make or sign any document that is false in material particular, required under any customs enactment.