

Application for Direct Delivery (Special Release)

NAME AND ADDRESS OF THE BUSINESS (BLOCK LETTERS)										T.I.N REGISTRATION NUMBER					
.....										<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
										Tick in the appropriate box.					
													Importer		
													Clearing Agent / Broker		
Office Tel No.										Mobile No.					
Fax No.										Email address					
Name and designation of the person(s) authorized to request for special release.															
Name and designation									Signature						
Importer															
Approved broker															
Pre-payment Account Number										Date of Registration					
									 / /					
Amount of funds available in the Pre-Payment Account (SCR)										SCR					
Application Status				Approved				Not Approved							
Reasons for not approving application:															
.....															
Application authorized by:															
Name									Designation						
Sign									Date	 / /				

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