## SEYCHELLES REVENUE COMMISSION Customs Division, Enforcement Section Boarding Unit



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SRC USE ONLY
Form Number

## Application for Movement of Goods Prior to Lodgment of Bill of Entry

		Official Stamp					
Date of Issue							
MPLETED IN BLUI	E OR BLACK INK ANI	D BLOCK	LETTERS				
	Bill	Bill of Lading					
	Loc	Location of vessel					
f Pieces			Weight (if applicable)				
F GOODS IS SOU	GHT TO:						
Том	varehouse from stora	To Warehouse for exportation					
Fror	m vessel to vessel		From Warehouse to vessel				
25	To workshop/Net Yard for Repair			Disposal			
ANT			•				
t hereby request	the movement of the	above go	oods subject 1	to the followin	g		
-	thin 7 working days a	after appr	oval is grante	d to move the	goods acc	ording	
	true, accurate and co	omplete.					
	Declarants last na	ime					
	Contact Number	er		0:	Official Stamp		
	Date						
	F GOODS IS SOUTH TO WE Rep	FGOODS IS SOUGHT TO:  To warehouse from stora From vessel to vessel To workshop/Net Yard f Repair  ANT t hereby request the movement of the ary Bill of Entry within 7 working days a cated above. Ion I have given is true, accurate and co	Bill of Lading Location of v Weight (if a  Weight (if a  FGOODS IS SOUGHT TO:  To warehouse from storage From vessel to vessel To workshop/Net Yard for Repair  ANT thereby request the movement of the above go ary Bill of Entry within 7 working days after approated above. on I have given is true, accurate and complete.  Declarants last name Contact Number	MPLETED IN BLUE OR BLACK INK AND BLOCK LETTERS  Bill of Lading  Location of vessel  Weight (if applicable)  To warehouse from storage  From vessel to vessel  To workshop/Net Yard for Repair  ANT  t hereby request the movement of the above goods subject to the storage and complete.  Declarants last name  Contact Number	Bill of Lading Location of vessel Weight (if applicable)  FGOODS IS SOUGHT TO: To warehouse from storage From Warehouse for exportation From Warehouse to exportation From Warehouse to Disposal  ANT Thereby request the movement of the above goods subject to the followin ary Bill of Entry within 7 working days after approval is granted to move the cated above. On I have given is true, accurate and complete.  Declarants last name Contact Number	Bill of Lading  Location of vessel  Weight (if applicable)  To Warehouse for exportation  From vessel to vessel  To workshop/Net Yard for Repair  ANT  thereby request the movement of the above goods subject to the following ary Bill of Entry within 7 working days after approval is granted to move the goods accusted above.  On I have given is true, accurate and complete.  Declarants last name  Contact Number  Official Stam	

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Permission is t	nereby	granted to move	the above men	tioned god	ods/equipme	ent			
First Name			Last Name			Date		Time	
I hereby certify that all fields have been completed						Signature			
DOCUMENTS	PROD								
Invoice	nvoice Packing List Others, p			lease spec	ify				
			•			•			
		RETU	JRN OF REPAIRI	ED GOODS	S/EQUIPMEN	NT TO VESSEI	_		
CONSIGNMEN	NT DET	AILS							
Name of Vessel/Company		Location o		of Vessel					
Location of Goods			Number of Pie		Pieces				
Description of	Good	s							
DECLARANT				1					
Declarants First name			Declarants Last Nan		e				
Authorized Agent Details			Contact Number				Official Stamp		
Signature			Date						
SRC USE ONL	Υ _							1	
		granted to move	the above men	tioned god	ods				
First Name			Last Name:	1	T	Data	<u> </u>	Time	I
LIISTIAAIIIE			Last Name:			Date		rime	ĺ