SEYCHELLES REVENUE COMMISSION

Customs Division



P.O. Box 50, Maison Collet, Seychelles I Phone: 4293737 I Fax: 4225565

UNDERTAKING IN RESPECT OF TEMPORARY ADMISSION OF GOODS

NAME AND ADDRESS OF THE APPLICANT (BLOCK LETTERS)										
Nationality			Mobile							
Nationality			Number							
Passport			Email							
Number			Liliali							
Office			Name of							
Number			Employer							
TRAVEL DETAILS OF THE APPLICANT										
Date of			Date of							
Arrival			Departure							
The undersigned is making the application for the tax free importation of the goods listed below on the basis that the goods are imported on a temporary basis and will be re-exported from Seychelles within a maximum period of six (6) months from the date of importation.										
		G	Goods:							
Description of Goods		Serial Number		Quantity		Value				

			Declaration to Custo	oms					
	ideration for gr I declare:	anting of the tax free temp	oorary admission int	o Seychelles for t	the list o	f goods mentioned			
		sent all goods mentioned irport/ Seaport/ Airport Ca			the poi	ints of entry (Seychelles			
		sent all goods mentioned a for inspection and verificat		-					
•		mport duty and other taxe Customs as having been re			nich are n	not presented to Customs			
		and that failure to pay any result in legal action being t			on any ç	goods not exported from			
Name:			Date/		Sign:				
		Tax Free Ter	mporary Importation	n Approved					
	Application authorized by:								
OR OFFICIAL USE ONLY	Name			Designation					
	Sign		Date		//				
FICIA	Details of Cash Deposit Taken (if applicable)								
OROF	Amount			Cash TC ((Bank&				

Sign

Sign

Name of

Officer

Paid by