## **SEYCHELLES REVENUE COMMISSION**

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



## **ASYCUDA WORLD TRAINING FORM**

	1.	DETAIL OF B	USIN	IESS (E	BLOCK LE	TTERS		
Business name			Taxpayer Identification Number ( TIN)					
Address					ain Trade Act			
Email Address			Phone Number					
Name of Employee (s) to be Trained	National Identity Number ( NIN)			Email Address			Phone Number	
		2. DETAILS C	F IN	DIVIDU	AL APPLI	CANT		
Name of Applicant				National Identity Number ( NIN)				
Email Address				Р	hone Numbe	er		
Reason for Applying for the Training								
		3. MOD	ULE:	S OF A	SYCUDA			
Manifest Module only		Excise Module only			, All ASY		CUDA Modules	
4. RESOURCE	S REQUIR	ED FOR THE TR	RAINI	NG (Pa	articipant ha	ve the fo	ollwing resources)	
Java 7.80 is downloaded     E				aptop charger xtension for power onnection		<ul> <li>Your organization Bill of Entry</li> <li>List of imported         Company/business Goods     </li> <li>Personal snacks, refreshments, and lunch.</li> </ul>		
<b>Note:</b> The Seychelles Reventraining, the candidate will rerequired accordingly.								
Date:				Sign:				
A.		Seychelles F	Reve	nue Co	mmission			
-FICIA								
FOR OFFICIAL USE ONLY Date:				Sign:				