SEYCHELLES REVENUE COMMISSION
Customs Division
P.O. Box 50, Maison Collet, Seychelles | Phone: 4293737 | Fax: 4225565

Application for Direct Delivery (Special Release)

NAME AND ADDRESS OF THE BUSINESS (BLOCK LETTERS)		T.I.N REGISTRATION NUMBER	
		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**

FOR OFFICIAL USE ONLY

Application Status	**Approved**		**Not Approved**	
Reasons for not approving application:				
Application authorized by:				
Name		**Designation**		
Sign		**Date**		