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

# Pre-Payment Account Application Form

| NAME AND ADDRESS OF THE BUSINESS (BLOCK LETTERS) | | T.I.N REGISTRATION NUMBER | |
|---|---|---|---|
| | | | |
| | | Tick 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 creation of a Pre-Payment Account.**

| | Name and designation | Signature |
|---|---|---|
| 1. | | |
| 2. | | |

| Pre-payment Account Number | Date of Registration |
|---|---|
| | |

**FOR OFFICIAL USE ONLY**

**Application authorized by:**

| | | | |
|---|---|---|---|
| **Name** | | **Designation** | |
| **Sign** | | **Date** | |

**Account created by:**

| | | | |
|---|---|---|---|
| **Name** | | **Date account created** | |
| **Sign** | | | |