

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	 / /															

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Pre-Payment Account Application Form

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 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																								