

# 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 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						