

SEYCHELLES REVENUE COMMISSION

Customs Division

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



DECLARATION FORM FOR PERSONAL EFFECT

NAME AND ADDRESS OF THE DECLARANT (BLOCK LETTERS)

Name		Surname	
Address in Seychelles		Date of first arrival	
Passport number		Country of Issue	
Flight/Ship Number		Telephone Number in Seychelles	

DETAILS ABOUT YOUR STAY

YOU ARE: Please Tick the appropriate one.	A tourist only	<input type="checkbox"/>	First time permanent residence	<input type="checkbox"/>
	Resuming Permanent Residence	<input type="checkbox"/>	Taking up Temporary Residence	<input type="checkbox"/>
Length of Stay-Temporary Residents only		Total number of persons covered by this declaration. (Immediate family members only)		
Days	<input type="text"/>	Months	<input type="text"/>	<input type="text"/>

PLEASE ANSWER THE FOLLOWING QUESTIONS. IF YOU NEED FURTHER ADVISE REGARDING ANY QUESTION PLEASE ASK A CUSTOMS OFFICER

Tick the appropriate answer

Q1. Have you packed the goods yourself and aware of all the contents?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Q2.If you are a resident – have you imported any other personal effects since taking up residency.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, when did you import the goods?				
Q3. Does you unaccompanied personal luggage/goods contain any of the following:				
1. Non –prescribed drugs, controlled drugs, drugs of dependence, including narcotics?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2. Dangerous or concealable weapons, fireworks, replica firearms, ammunition or other weapons?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
3. Offensive weapons including teargas, stun gas, knuckledusters and double edged knives?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
4. Radio or satellite communication equipment?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

5. Any other restricted items?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, describe the goods (IF IN DOUBT DECLARE IT)		
6. Alcoholic beverages?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Cigarettes, cigars or tobacco products?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Any goods for commercial, trade or business purpose, including samples?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Foods of any kind-including anything you can eat?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Plants or parts of plants- alive or dead including seeds, bulbs and nuts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11 .Biological specimens or tissues-human or animal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Goods carried on behalf of, belonging to another person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Furniture and household goods owned and used for less than 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Q4. Any other goods, if in doubt declare:

DECLARATION AND SIGNATURE

By signing this form, you are declaring that:

- You understand Customs concessions apply only to personal and household goods that have been owned and used by the importer for more than 12 months prior to the importers arrival into Seychelles.
- You understand that failure to declare goods may result in you being found guilty of an offence and may include criminal prosecution, the application of penalties and or seizure of goods.
- All information provided in this form is true and correct.

Date:-----	Sign: -----
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FOR OFFICIAL USE ONLY	CUSTOMS	
	Bill of Lading/Air way bill Number	
	Passport checked and correct	
	Packing list supplied	
	Name of Customs Officer	Date: _____ Sign: _____