

SEYCHELLES REVENUE COMMISSION

Customs Division

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



UNDERTAKING IN RESPECT OF TEMPORARY ADMISSION OF GOOD

NAME AND ADDRESS OF THE APPLICANT (BLOCK LETTERS)

Nationality		Mobile Number	
Passport number		Email	
Office Tel. Number		Name of Employer	

TRAVEL DETAILS OF THE APPLICANT

Date of Arrival		Date of Departure	
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The undersigned make the application for tax free importation of the goods listed below on the basis that the goods are imported on a temporary basis and will be re-exported from Seychelles within a maximum period of six (6) months from the date of importation.

Goods:

Description of Goods	Serial Number	Quantity	Value

Declaration to Customs

In consideration of the granting of tax free temporary admission into Seychelles of the list of good above, I declare:

- That I will present all goods mentioned above to Customs upon arrival at the points of entry (Seychelles International Airport/ Seaport/ Airport Cargo) for inspection and verification.
- That I will present all goods mentioned above to Customs at the Seychelles International Airport/ Seaport/ Airport Cargo for inspection and verification prior to re-exporting from the Seychelles.
- That I will pay import duty and other taxes liable on any goods listed above which are not presented to Customs and verified by Customs as having been re-exported from the Seychelles.
- That I understand that failure to pay any import duty and other taxes liable on any goods not exported from Seychelles will result in legal action being taken for the recovery of taxes.

Name:	Date: / /	Sign:
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FOR OFFICIAL USE ONLY	Tax Free Temporary Importation Approved.		
	Application authorized by:		
	Name		Designation
	Sign		Date / /
	Details of Cash Deposit taken (if applicable)		
	Amount		Cash TC (Bank & #)
	Name of Officer		Sign
	Paid by		Sign