



AGENT DETAILS

Name:

Select from Customs/Shipping Agent dropdown list.

TIN:

Email address:

Input Email Address

Phone Contact:

Input Phone Contact

ADDRESSED TO

The Comptroller of Customs, Permission is requested to

☐

Approve

☐

Decline

Reason for Decline:

VESSEL / AIRCRAFT DETAILS

Name:

Input vessel name

Vessel Type:

Select the Vessel type from the dropdown list

Nationality:

Select from Country dropdown list

PORT / SUFFERANCE DETAILS

Port:

Select a Port from the dropdown list

Application Date:

Select Date of Arrival

Sufferance Start :

Select Sufferance Start Date

Loading Cargo:

☐

Yes

☐

No

If Yes is selected, enter the Loading Cargo details below

Sufferance Time:

Input Time in 24hrs

Sufferance End :

Select Sufferance End Date

Input Loading cargo details

Unloading Cargo:

☐

Yes

☐

No

If Yes is selected, enter the Unloading Cargo details below

Input Unloading cargo details

AGENT/ MASTER DECLARATION

☐ We undertake to pay all expenses incurred including tallying, escorting and watching its stores and cargo.

☐ Stores ☐ Cargo

VERIFIED & ENDORSED

Vessel Master:

State Vessel Master full name, sign & stamp

Date:

Select date

Sign & Stamp:

.....
Vessel Master Sign and Stamp

Authorized Agent

Name:

State the Agents full name

Folio No.:

Receipt No.:

Date:

Select date

Agent's Sign and Stamp

The above application is granted subject to the observance of the following conditions in addition to those provided in the Customs laws:

1. That a proper meal and accommodation be provided to the Boarding officer.
2. That a proper transport to and from will be provided to the Boarding Officer.
3. That no cargo shall be unloaded or loaded without proper customs authority.
4. That all other government department regulation are to be strictly compliant.

Note: To be presented to the Chiefs Customs Officer not less than 24hrs before the vessel/aircraft intended departure from a port

Proper Officer notified:

Proper Officer

Principal Customs Officer:

.....

Sign & Stamp:

Chief Customs Officer:

.....

Sign & Stamp:

Officer In Charge:

.....

Sign & Stamp:

Date:

Select Date

INFORMATION SECURITY CLASSIFICATION (ISC)

☐ Public/ Unclassified (1) ☐ Internal/classified (2) ☐ Restricted (3) ☐ Strictly Confidential (4)