

**ST. VINCENT AND THE GRENADINES
CUSTOMS AND EXCISE DEPARTMENT**

APPLICATION FOR GOLD CARD

<i>Name of Entity:</i>	<i>*Certificate of Business Registration Number:</i>
<i>Address:</i>	<i>ASYCUDA Registration Number:</i>
<i>Telephone:</i>	<i>*VAT Registration Number:</i>
<i>Fax:</i>	<i>Type of Business: e.g. wholesale, retail, manufacturing etc.</i>
<i>Email address:</i>	<i>Name of Contact Person:</i>

DECLARATION: (to be signed by applicant)

I hereby declare that:

- The above information is true and correct.
- I have read the conditions set out in the Agreement in applying for Gold Card status and I have agreed to comply fully with these conditions.
- I agree to allow the Customs Department to conduct a Preliminary Systems Review of my business.

Signature of Applicant

Date of Application

** Copies of Certificates (Business name / Incorporation / VAT) to be attached to completed application form*