

**CUSTOMS AUTHORIZATION FORM**

Name of Organization/Individual .....

Address of Organization/Individual .....

.....

Date:.....

**The Comptroller of Customs and Excise  
Customs House  
Upper Bay Street  
Kingstown**

Dear Sir,

I /We hereby authorize the under-mentioned person(s) to act on my/our behalf and to perform the function(s) as indicated below in accordance with section 17 of the Customs (Control and Management) Act# 14 of 1999.

<u>Names of authorized persons</u>	<u>Specimen Signature</u>	<u>Authorized function</u> Please tick as appropriate
1.....	.....	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Address.....		
2.....	.....	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Address.....		
3.....	.....	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Address.....		

**Specimen of Official Stamp**

**Authorized Functions**

- A    Approve items for duty free concessions**
- B    Prepare customs declarations**
- C    Sign customs declarations**
- D    Act as shipping agent for Vessel/ Aircraft.....**

Respectfully

.....  
**Signature of Manager/Director/P.S./H.O.D./Importer**

**Warning;** It is an offence to make or sign, or cause to make or sign any document that is false in material particular, required under any customs enactment.