



**CUSTOMS & EXCISE DEPARTMENT
PREPAYMENT REGISTRATION FORM**

Private Individual Company Sole Trader Broker Other

Company Code/Declarant Code : _____ VAT #: _____

Surname: _____ First Name: _____

Physical Business Name: _____

Physical Business address: _____

Postal address: _____

Telephone: _____ Fax: _____

Email address: _____

Quantum: _____

Mode of Payment: Cash Private Individual Other: _____

Signature of Applicant

Official/Business Stamp

For official use only

Company Name: _____

Owners Name: _____

Prepayment Account Number issued by the Comptroller: _____

Date of Authorization

Comptroller/Customs & Excise Department