**SEYCHELLES REVENUE COMMISSION Customs Division, Customs House – New Port**

**Inland Revenue**

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**APPLICATION FOR AN EXTENSION FOR TEMPORARY IMPORTATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **In accordance with the provisions of Sub Section 170(3) of the Customs Management Act 2011, I request that the Commissioner of Customs extend the time for duty free admission of the goods detailed below. I understand that where an extension is approved, all conditions previously notified to the importer continue to remain in force for the duration of the extension.** | | | | | | | | | | |
| **1. REFERENCE NUMBER** | | | | | | | | | | |
|  | | | | | | | | | | |
| **2. APPLICANT DETAILS** | | | | | | | | | | |
| **Full Name** | | | | **Passport Number** | | | | | | |
| **Nationality** | | | | **Address:** | | | | | | |
| **Mobile** | | | | **Email** | | | | | | |
| **3. COMPANY NAME (if holder representing a company, including business address)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **4. IMPORTATION DETAILS** | | | | | | | | | | |
| **Clearing Agent** | | | | **Date of arrival of goods** | | | | | | | |
| **Port of arrival** | | | | **Vessel/flight number** | | | | | | | |
| **Bill of Entry** | | | | **Mooring Storing** | | | | | | | |
| **DETAILS OF GOODS** | | | | | | | | | | | |
| **5. REASON FOR EXTENSION AND LENGTH OF TIME FOR WHICH EXTENSION IS REQUESTED. (Please attached any evident to support the application)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **NEW EXPECTED DATE OF DEPARTURE** | | | | | | | | | | |
| **Number of application for extension** | | | | | **1** | | **2** | | **3** | **4** |
| **Signature**  **Date** | | | | | | | |  | | |
| **PLEASE SUBMIT A COPY OF THE FOLLOWING DOCUMENT WITH YOUR APPLICATION:** | | | | | | | | | | |
| **VISA/GOP** | **Insurance** | **Letter of Intent** | | | | **Letter from Repaired Company** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OFFICIAL USE ONLY** | | | | |
| **FILE REFERENCE NUMBER** | | |  | |
| **EXTENSION APPROVED** | **YES** | **NO** | | **Extension granted until** |
| **NAME OF OFFICER** | | | | |
| **Signature:** | | | **Date:** | |