**SEYCHELLES REVENUE COMMISSION**

**Customs Division, Sunshine Building-Providence**

P.O. Box 50, Maison Collet, Seychelles **I** Phone: 4293737 **I** Fax: 4225565 **I**  E-mail :commissioner@src.gov.sc

*Please address all correspondence to the Commissioner General*

**UNDERTAKING IN RESPECT OF TEMPORARY ADMISSION OF GOODS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS OF APPLICANT (BLOCK LETTERS)** | | | | | | | | | | | |
| **Name:** | | | | | | **Address:** | | | | | |
| **Nationality:** | | | | | | **Mobile Number:** | | | | | |
| **Email:** | | | | | | | | | | | |
| **OWNER’S IMFORMATION** | | | | | | | | | | | |
| **Owners Name:** | | | | | | **Owner’s Address:** | | | | | |
| **Owner’s Contact:** | | | | | | **Owner’s Email:** | | | | | |
| **TRAVEL DETAILS OF THE APPLICANT** | | | | | | | | | | | |
| **Passport Number:** | | | | | | **Passport Expiry Date:** | | | | | |
| **Visa Validity/Applicant:** | | | | | | **Duration of stay:** | | | | | |
| **The undersigned make the application for tax-free importation of goods listed below on the basis that the goods are imported temporarily and will be re-exported or placed under another Customs procedure.**  ***The good must be re-exported within a maximum period of Six 96) months from the date of importation.*** | | | | | | | | | | | |
| **GOODS ( specify vessel)** | | | | | | | | | | | |
| **Description of Goods** | **Serial Number** | | | | **Quantity** | | | | **Value** | | |
|  |  | | | |  | | | |  | | |
|  |  | | | |  | | | |  | | |
|  |  | | | |  | | | |  | | |
| **DOCUMENTS TO BE PROVIDED: (Tick according to submission)** | | | | | | | | | | | |
| **Commercial Invoice** | | |  | **Packing list ( if applicable)** | | |  | **ID/passport of the applicant** | | |  |
| **Letter of Intent** | | |  | **Contract of Agreement** | | |  | **Airway Bill Reference** | | |  |
| **Bill of Lading** | | |  | **Import permit** | | |  | **Other relevant document** | | |  |
| **CONDITIONS FOR APPROVAL** | | | | | | | | | | | |
| In consideration of the granting of tax free temporary admission into Seychelles of the goods listed above**:**   1. *We/I will present all goods mentioned above to Customs upon my arrival at a designated Port for inspection and verification in accordance to Section 107 of the Customs Management Act 2011. (when applicable)* 2. *An electronic customs declaration must be submitted to Customs by a clearing agent on behalf of the applicant as pursuant to Section 99 & 100 of the Customs Management Act 2011.* 3. *The Goods shall not be or offered to be, lent, sold, pledged, hired or otherwise disposed of.* 4. *We/I will present all goods mentioned above to customs at a designated Port for inspection and verification prior to re-exporting from Seychelles as per Section 169 (3) (a) of the Customs Management Act 2011.* 5. *We/I will pay import duty and other taxes liable on any goods listed above which are not presented to Customs and verified by Customs as having been re-exported from Seychelles in accordance to Section 174 & 176 of the Customs Management Act 2011.* 6. *We/I understand that failure to pay any import duty and other taxes liable on any goods not exported from Seychelles will result in legal action being taken for the recovery of duty and other taxes as per Section 260 (a & b) of the Customs Management Act 2011.* 7. *Anyone who gives false information about goods imported under these arrangements may be liable to penalties under the Customs Management Act.* 8. *The Seychelles Revenue Commission reserves the right to vary this authorisation where deemed necessary.* 9. *We/I agree to comply with the conditions of the Temporary Admission relief laid down in Customs Management Act.* | | | | | | | | | | | |
| **Submitted by:** | | **Status:** | | | | **Date:** | | | | **Sign:** | |
| **FOR OFFICIAL USE ONLY** | | | | | | | | | | | |
| **TAX FREE TEMPORARY IMPORTATION APPROVED.** | | | | | | | | | | | |
| **APPLICATION AUTHORIZED** | | | | | | | | | | | |
| **Authorization Granted from:** | | | | | | | | | | | |
| **From:** | | | | | **To:** | | | | | | |
| **Name:** | | | | | **Designation:**  **Commissioner**  **of Customs** | | | | | | |
| **Sign:** | | | | | **Date:** | | | | | | |
| **DETAILS OF CASH DEPOSIT TAKEN (IF APPLICABLE)** | | | | | | | | | | | |
| **Amount:** | | | | | **Cash TC (Bank & #):** | | | | | | |
| **Name of Officer:** | | | | | **Sign:** | | | | | | |
| **Paid by:** | | | | | **Sign:** | | | | | | |