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

**Inland Revenue**

P.O. Box 50, Orion Mall, Seychelles IPhone: 4298659 IFax: 4323478 IE-mail inland.revenue@src.gov.sc

**APPLICATION FOR AN EXTENSION FOR TEMPORARY IMPORTATION**

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| **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** |

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