MINISTRY OF FINANCE
Customs & Excise Department

REPRESENTATIVE AUTHORISATION FORM

pursuant to Section 18 of the Customs Control and Management Act, Cap. 15.05.

To the Comptroller of Customs:

I, _____ of _____,
(Please Print Your Full Name as displayed on I.D) *(Your Address)*

holder of Identification: _____
(Please Print Your Identification Number and Type)

hereby authorises: _____,
(Please Print Full Name of Representative as displayed on I.D)

of _____,
(Representative Address)

and bearer of Identification: _____,
(Please Print Your Representative Identification Number and Type)

permission to act on my behalf in fulfilling the Customs requirements for clearing the non-commercial shipment (s) as per below listed Bill(s) of Lading/Airway Bill(s)

Border Office Code	Manifest Registration Year	Manifest Registration Number	Bill of Lading/Airway Bill

I hereby give consent to be contacted on telephone number(s)_____to answer any question related to the shipment(s).

**** Acceptable forms of Photo Identification include Passport, Driver's License Card, or National Identification Card***

……..……..……/……..
Importer's Signature /Date

FOR OFFICIAL USE ONLY

Verified by: ……..……..……/……..……..
Officer Full Name and Signature ***Date and Customs Stamp***