

RETURNING NATIONALS SECRETARIAT APPLICATION FOR DUTY-FREE CONCESSIONS

(1)	Name of Applicant:				
(2) Address (Overseas):					
(3)	Address (Local):				
(4)	Telephone No:				
(5)	Resided abroad for:	years			
(6)	Intended date of return:				
(7)	Value of items: (A list must be attached) *Please attach proof of ownership of vehicle with the attached list.				
I her	eby certify that all of the items are	my personal effects.			
Signature of Applicant		Date			
(A	ny false information provided, wi	ll be reported to the Comptroller of Customs for appropriate action)			
	RECO	MMENDATION OF SECRETARIAT			
Adm	inistrator rning Nationals Secretariat				
		CUSTOMS DEPARTMENT			
Appr	oved []	Not Approved []			

CONDITIONS FOR OBTAINING DUTY-FREE CONCESSIONS UNDER THE RETURNING NATIONAL POLICY

I	hereby agree to the following conditions:
1)	That I intend to return home within a period of six (6) months from the date of application to take up permanent residence.
2)	That the items imported duty free under the policy will not be sold before informing Customs and making arrangement to pay the duty on the residual value.
3)	That the items are for the applicant's use and will not be transferred to another party whether as a gift or as a sale.
4)	To be considered as residing in St. Kitts for the purpose of this policy, a returning national during the first three (3) years of his return, must <u>NOT</u> return abroad and reside there for a continuous period of more than three (3) months.
5)	Failure to comply with the above may result in the levying of duties on all items imported.
I ce	rtify that I have read and understood the above conditions.
 Sign:	ature of Applicant Date

Returning Nationals Application for Duty-Free Concessions

(1)	Name of Applicant				
	[] Male	[] Female			
2)	No. of family members accompanying you?				
3)	Age Range				
	<u>You</u>	Spouse	Children/Dependents		
	20 - 29 [] 30 - 49 [] 50 - 69 [] 70 - 89 []	20 - 29 [] 30 - 49 [] 50 - 69 [] 70 - 89 []	0 - 9 [] 10 - 19 [] 20 - 39 []		
4)	Purpose of Returning:		·		
5) 6)	Category of Returning Nationals: Retiree [] Deportee [] Dependent [] Other [] Previous occupation(s) held:				
7) 3)	Current source of income: Qualifications (Educational in	Employment [] Remittanco	es [] Pension [] Other []		
)))	Skills and experience acquired while living abroad:				
10)	Are you interested in joining t	he Returning Nationals Associati	on? Yes[] No []		
	Name:	Ü	,		
	Address:		Tel: #:		