

<u>RETURNING NATIONALS SECRETARIAT</u> <u>APPLICATION FOR DUTY-FREE CONCESSIONS</u>

(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.	
Signa	ature of Applicant	Date	
(A	ny false information provided, will	be reported to the Comptroller of Customs for appropriate action)	
		MMENDATION OF SECRETARIAT	
Adm	inistrator		
Retu	rning Nationals Secretariat		
		CUSTOMS DEPARTMENT	
Appr	oved []	Not Approved []	

<u>CONDITIONS FOR OBTAINING DUTY-FREE CONCESSIONS</u> <u>UNDER THE RETURNING NATIONAL POLICY</u>

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 certify that I have read and understood the above conditions.

Signature of Applicant

Date

<u>Returning Nationals</u> <u>Application for Duty-Free Concessions</u>

(1)	Name of Applicant				
	[] Male	[] Female			
(2)	No. of family members accompanying you?				
(3)	Age Range				
	<u>You</u>	<u>Spouse</u>	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)	Category of Returning Nation	als: Retiree [] Deportee []	Dependent [] Other []		
(6)	Previous occupation(s) held:				
(7)	Current source of income:	Employment [] Remittan	ces [] Pension [] Other []		
(8)	Qualifications (Educational institutions attended abroad):				
(9)	Skills and experience acquired while living abroad:				
(10)	Are you interested in joining the	he Returning Nationals Associa	tion? Yes [] No []		
	Name:				
	Address:		Tel: #:		