

St. Kitts and Nevis Customs and Excise Department "To Protect and Collect"

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Permission Slip

To: Comptroller	r of Customs,			
I		(Please print Full I		
Of address				
Do grant				
		(Please print Full Name of Bro	ker/Agent/Person)	
Permission to	clear	. pieces of cargo shippe	d on/with	
		(Vessel/Aircraft/C		
Arrival Date:			•	
7 II				
Goods Location	<u>on</u>			
Courier (Charlestown) Parcel Port (Charlestown)		Lo	Baggage Hall ng Point Port Air Cargo	
Please find copy attached.	y of my identifi	cation and the necessary r	release documents	from the shipping agents
Particulars of	f I.D.			
NAME				
ADDRESS				
I.D. TYPE				
I.D. NO.				
	(Signature of Imp	orter)		(Date)