

No. FIN/OSR/ _____

In replying please quote this number



MINISTRY OF FINANCE

P.O. BOX N-3017
TELEX: 20-55
TEL:(242) 327-1530
FAX: (242) 327-1766
327-1618
NASSAU, BAHAMAS

APPLICATION FOR CUSTOMS DUTY EXEMPTIONS
UNDER ITEM 8, PART B OF THE FOURTH SCHEDULE TO
THE TARIFF ACT

(THIS FORM IS RESERVED FOR APPLICANTS SEEKING EXEMPTION FROM CUSTOMS DUTY FOR VENTURES WHICH ARE NOT RECEIVING CONCESSIONS UNDER ANY OTHER ACT.)

1. (a) Name of Applicant (individual or company): _____

(b) Should applicant be a company, please give the name and nationality of each beneficial shareholder or principal

Name	Nationality	Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. (a) Nature of Business: _____

(b) Names of licensed products to be manufactured:

_____	_____	_____
_____	_____	_____

3. Method of Production: _____

4. Business License No: _____

(Please provide a valid copy of your Business License)

5. Street Address of Business: _____

P.O. Box: _____

Telephone Number: _____

5. Street Address of Business: _____

6. Years of Business Existence: _____

Number of Employees: _____

7. Business National Insurance Number: _____

(Please attach proof that National Insurance contributions are current)

8. State amount of Sales or Turnover during the past twelve months: _____

Signature of Applicant: _____

Date: _____

FOR OFFICIAL USE ONLY

To: Comptroller of Customs
Nassau, Bahamas

Under the provisions of Item8, Part B of the Fourth Schedule to The TARIFF ACT, the Ministry of Finance has approved the attached listed items for duty-free importation, or reduced duty rate on importation, by the above-named person or company.

This approval is VALID for _____ from date of approval.

(for) Financial Secretary

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APPLICATION FOR EQUIPMENT/MACHINERY TO BE IMPORTED
DUTY- FREE

(Please support with documentation, and kindly note that this duty-free approval for equipment/machinery is valid for ONE TIME USE ONLY.)

QUANTITY	DESCRIPTION	\$VALUES	X
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_____ (for) Financial Secretary