

For official use only

Number : _____

Date : ____/____/____
 dd / mm / yyyy

REQUEST FOR CHANGES ON ENTRIES

FROM :

TO :

DATE :

REQUESTED CHANGE :

- | | |
|---|---|
| <input type="checkbox"/> Increase bond value | <input type="checkbox"/> Change consignee |
| <input type="checkbox"/> Removal of exit note | <input type="checkbox"/> Delay period extension (bonds) |
| <input type="checkbox"/> Cancel Customs Declaration (SAD) | <input type="checkbox"/> Other |

DESCRIPTION :

.....
Signature of Applicant

.....
Signature of Authorizing Officer

.....
Signature of Processing Officer