



**Department of Customs
Single Administrative Document**

Names and Addresses IN BLOCK CAPITALS			In Gate #:					For Official Use. Entry # & Date						
Consignee:			In Gate Officer's Name:					Place Entry Made:			Port of Loading		Code:	
For Account of:			Place of Examination:										Year:	
TIN#:			B/L or AWB#:					Nationality of Ship/Acft:					Code:	
Address:			Name of Ship/Acft Flight #:					Country of Origin:					Code:	
Consignor:			Ship /Acft Report Date:					Country Whence Consigned					Code:	
Customs Broker:			Special Release #:					Port of Importation					Code:	
1a	1b	1c	2a	2b	2c	2d	2e	2f	2g	2h	3a	3b	4a	4b
Marks & Number	Description	HS Code	Quantity	Weight & Volume	Specific Rate	CIF/FOB Value	Tariff Rate %	Import duty	Export duty	GST (10%) of CIF	Excise Rate on CIF	Excise Tax Due	Other	Total Collection

BSP # _____ Official Receipt# _____ Cheque # _____

Bank _____ Cashier _____ Date _____

Declaration:
I, _____ of _____ certify that all particulars set forth are true and complete.

Signature _____ Status _____ Date _____ Address _____

(DOC Assessor)

NOTES

2f=2b X 2C or
2f+2d x 2e
2g=2d x 2e
2h=2d x 10%
3b=2d x 3a
4b=2f x 2h + 3b + 4a

Collector _____ Date _____

FOR OFFICIAL USE ONLY	
Duty Waiver: YES ___ NO ___	
Type of Waiver:	
A. Duty Free: _____	
B. Other (Specify): _____	

DISTRIBUTION	
Liquidation (1st copy)- White	Wharfinger (5th copy)- Blue
Collector (2nd copy)- Pink	National Port Authority (6th copy)- Blue
Importer/Consignee (3rd copy)- Yellow	Ministry of Planning (7thcopy)- Pink
Commissioner (4th copy)- Green	Ministry of Commerce (8th copy)- Gold