

GRENADA CUSTOMS DEPARTMENT

REQUEST TO AMEND/DELETE/CANCEL ASSESSED ENTRY

TO: COMPTROLLER OF CUSTOMS

DATE:

1. IMPORTER/AGENT/APPLICANT:

2. ADDRESS:

3. ENTRY DETAILS:

(a) Date Registered:

(b) C#:

(c) Date Assessed:

(d) L#:

(e) Total Duties Payable:

4. REASON FOR REQUEST:

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5. FULL NAME OF PERSON MAKING REQUEST:

6. STATUS:

7. SIGNATURE:

8. SUPERVISORS COMMENTS:

9. SUPERVISORS SIGNATURE:

10. AMENDING/DELETING/CANCELLING

OFFICERDATE:

11. VERIFICATION BY ASYCUDA

MANAGERDATE:

N.B. Sections 1-7 to be completed by the Importer/Agent/Applicant

Sections 8-9 to be completed by the Long room Supervisor

Section 10 to be completed by the assigned Officer

Section 11 to be completed by ASYCUDA Manger