

DECLARATION OF FACTS TO SINGAPORE CUSTOMS FOR GST RELIEF ON USED HOUSEHOLD ARTICLES AND PERSONAL EFFECTS

I) To be completed by Claimant:

I hereby provide the following information in support of my application for Goods and Services Tax relief on my used household articles and personal effects under item 8 in the Schedule to the Goods & Services Tax (Imports Relief) Order:

- (a) I am transferring my residence from _____ (country) to Singapore.
- (b) I am the owner of the used household articles and personal effects imported and they have been in my possession and use for a period of not less than 3 months.
- (c) The articles and effects are imported via :-
 Bill of Lading/ Airway Bill no. : _____
 Vessel Name/ Voyage no.* : _____
 Flight no.* : _____
 They are imported within 6 months of my first arrival _____ (date) in Singapore.
- (d) I am aware that the GST relief I am applying does not cover any motor vehicle, liquors or tobacco. I provide the following information on whether motor vehicle, liquors and tobacco are included in my consignment.

	Yes	No	Quantity/ Description
Liquors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	_____

I affirm that the information given above is true and correct. I undertake to pay customs duty and GST on the liquors, tobacco and motor vehicle included in my consignment, and also not to dispose of the used household articles and personal effects within three months from the date of importation.

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SIGNATURE	NAME OF CLAIMANT	PASSPORT NO.
DATE	OCCUPATION	NAME OF EMPLOYER

II) To be filled up by Declaring Agent:

Icon Relocation PTE LTD	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px;">2</td><td style="width: 25px;">0</td><td style="width: 25px;">1</td><td style="width: 25px;">4</td><td style="width: 25px;">1</td><td style="width: 25px;">3</td><td style="width: 25px;">0</td><td style="width: 25px;">6</td><td style="width: 25px;">3</td><td style="width: 25px;">N</td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>	2	0	1	4	1	3	0	6	3	N				
2	0	1	4	1	3	0	6	3	N						
COMPANY'S NAME	CR NO.														
+65 83324934	James Sanderson														
TELEPHONE NO.	CONTACT PERSON														

III) For official use:

Permit No. : _____	_____ Signature/ Name of Permits Officer
Container No. : _____	_____ Date

* Complete as appropriate

