

REQUEST FOR CANCELLATION

The Director-General, Mauritius Revenue Authority

I, the undersigned, request permission to cancel declaration
No.:
Processed and validated by CMS on
Name of Importer/Exporter:
Importer/Exporter Identification Number:
Address:
Reasons for Cancellation:
Name of declarant (Block Letters):
Declarant Identification Number:
Signature of declarant:
Date:
Cancellation may be approved on the following conditions:
Name:
Rank:
Signature:
Date:
Declaration No.:
Cancelled on
Name:
Rank:
Signature:
Date:

Mauritius Revenue Authority Customs Department