



MAURITIUS REVENUE AUTHORITY

CUSTOMS DEPARTMENT

Form No. 11	REQUEST FOR EXAMINATION GOODS	480	MRA, Customs Dept.
Ship/Aircraft	Report No. & Date		
Manifest Reference	Place of Lading		
Importer & Address	Declarant & Address		
Number & kind of Packages	Description of goods, if possible		
Marks & Numbers	Attached documents, if any.		

To the Director General, MRA

Sir,

I request your permission to have the abovementioned goods examined.

I, (full name of signatory in block letters) Mr/Mrs/Miss**

do hereby declare that:-

- (a) I cannot, for want of full information make a proper entry of the above packages;
- (b) I have not received sufficient relevant documents from which the description, origin, quantity or value of the goods herein mentioned can be asserted.

Dated this..... day of 20.....

Signature

Capacity in which acting.....

Request No.....amounting to Rs..... already paid as per Cash Book No..... of

For Official Use Only.

AUTHORITY,

Warrant granted on the above declaration for the examination of the goods by the proper officer of Customs in presence of the Importer or Agent.

** Goods may be cleared on condition that this document will form an integral part of a proper entry which must be lodged at the proper Customs Clearance Office within 7 days.

Director General, MRA

Date.....

EXAMINING OFFICER'S ENDORSEMENT

To,
The Director General, MRA

Item No.	Quantity	Description of goods	Origin	FOB Value

Officer's Signature..... Identity Card No.....
Officer's Name in block letters..... Date

AUTHORITY

Approved. Bill of Entry may be passed.

Director General..... Date