

DECLARATION OF FACTS

CUSTOMER'S INSTRUCTIONS

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

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|---|
| Name of Shipper/Claimant (as in passport): |
| Passport No: |
| Occupation: |
| Name of Employer: |
| Reason for Transfer (Please Circle): Foreign citizen under employment/Dependant/ Student Pass |
| Other Reason if not listed above: |

PERSONAL DETAILS OF SHIPPER/CLAIMANT

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|-------------------------------|
| Nationality: |
| Sex: |
| Date of Birth: |
| Passport Issued Date: |
| Passport Expiry Date: |
| Destination Address: |
| Contact Number: |
| Email Address: |
| Current Country of Residence: |

TO BE COMPLETED BY RETURNING SINGAPOREAN/PR FROM EMPLOYMENT / STUDIES

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|--------------------------------|
| Overseas Visa/Student Pass No: |
| Visa Issue Date: |
| Visa Expiry Date: |
| Occupation/Employer Name: |
| Institution/School: |

TO BE COMPLETED BY FOREIGN CITIZEN FOR EMPLOYMENT/STUDIES

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| Status of Employment Pass (Please Circle): Approved/Pending Approval/In Principal Approval |
| Type of Pass (Please Circle): Employment/ Dependant/Student Pass/ Other |
| Pass Number: |

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|---|
| Pass Issue Date: |
| Pass Expiry Date: |
| Name of Employer/Occupation/Institution/School: |

D) 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 article and personal effects under items 8 in the schedule of The Goods & Services Tax (imports Relief) Order 1994:

- (a) I am changing my place of residences from ----- (country) to Singapore
- (b) I am the owner of the articles and effects imported and these have been in my possession and use for a period of not less than 3 (three) months
They are imported within 6 months of my first arrival..... (date) in Singapore.
- (c) I am aware that the GST relief I am applying does not cover any motor vehicle (including, but not limited to: cars, motorcycles, scooters, motorized bicycles, motorized scooters or any other motorized vehicle), liquors or tobacco. I provide the following information on whether a motor vehicle(s), liquors and/or tobacco are included in my consignment.

| ITEMS INCLUDED IN SHIPMENT | YES/NO (Please Circle) | QUANTITY/DESCRIPTION |
|----------------------------|------------------------|----------------------|
| Motor Vehicle | YES/NO | |
| Tobacco Products | YES/NO | |
| Liquors | YES/NO | |

I declare that I am the owner of the articles and effects imported and they have been in my possession and use for a period of not less than 3 months. I undertake not to dispose of the articles and effects within three months from the date of importation.

The total value of my shipment consisting of new/old household and personal effects is estimated at _____ SGD (declaration is strictly for Goods and Services Tax purposes).

Signature: _____

Date: _____

Name: _____

Passport No: _____

IMPORTANT NOTE: Blanks must be filled, and 'NIL' is required if there is none.

IMPORTATION OF ALCOHOLIC BEVERAGES

IMPORTANT NOTE: Please be very accurate in declaring the number of bottles and detail, as any false declaration will result in a fine imposed by Customs (which will be the responsibility of the Importer).

Name of Shipper: _____

Date: _____

The following are details of all alcoholic beverages which are part of my used household goods and are for my personal consumption.

| NUMBER OF BOTTLES | TYPE | BRAND | LITRE | PRICE PER BOTTLE | ORIGIN |
|-------------------|------|-------|-------|------------------|--------|
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Signature of Import: _____

Passport No: _____

VIDEO TAPES/DISCS EXEMPT FROM CENSORSHIP

Statement of Mr/Mrs/Miss (Please Circle) _____

I _____ NRIC/Passport No _____

Occupation _____

Address _____

do declare and confirm on behalf of _____

(Name and Address of Company) that the video tape(s)/ disc(s) accompanying this shipment fall within the following categories and do not contain scenes of sex, nudity, gratuitous violence, drug abuse or any denigration of race, religion or affect Singapore's national interest and are not otherwise obscene or lewd.

| Type of Submission | Category |
|-----------------------------|-----------------------------------|
| Company's Internal Use Only | Training and Industrial |
| | Promotional and Advertising |
| Personal Use Only | Ballet, Opera, Classical and Jazz |
| | Educational |
| | Documentary |
| | Sports |
| | Cartoons meant for Children |
| | |
| | |

| TYPE OF SUBMISSION | CATEGORY | NUMBER OF TAPES/DISCS |
|-----------------------------|-----------------------------------|-----------------------|
| Company's internal use only | Training and Industrial | |
| | Promotional and Advertising | |
| Personal use only | Ballet, Opera, Classical and Jazz | |
| | Educational | |
| | Documentary | |
| | Sports | |
| | Cartoons meant for Children | |
| | | |
| | | Total: |

I declare that this statement (consisting of one page signed by me) is true to the best of my knowledge and belief and I make it knowing that I may be liable to prosecution under the Penal Code if I have willfully stated in it anything which I know to be false or do believe to be true.

Name of Declarant: _____

Date: _____

Witnessed By: _____

Date: _____

ELECTRONIC & ELECTRICAL APPLIANCES LIST

NAME OF SHIPPER: _____

CURRENCY: _____

REMARKS/NOTES:

1. Fill in full details of electronic and electrical appliances list with full description (Do not leave it blank)
2. Kindly specify quantity, description, brand, country of origin, serial no, ownership duration and value.

| Quantity | Description/Brand/Marking | Country of origin | Serial no | Ownership duration | Total Value |
|----------|---------------------------|-------------------|-----------|--------------------|-------------|
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Shipper Declarant Signature:

Date:
