

SANTA FE RELOCATION SERVICES (S) PTE LTD

54 Pandan Road, Singapore 609292
Fax #: 6265 0245 Attn: Traffic Manager

Dear Sirs,

IMPORTATION OF HOUSEHOLD GOODS

I hereby declare to the best of my knowledge the following, which I understand to be of interest to the Singapore Customs Authorities. All items being imported into Singapore have been in my possession for more than six months.

	Yes	No
1) Any liquor / tobacco (dutiabale items) <i>(If yes, please enclose detailed list and quantity)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2) Any weapons / pistol-shape toy guy	<input type="checkbox"/>	<input type="checkbox"/>
3) Any walkie-talkie	<input type="checkbox"/>	<input type="checkbox"/>
4) Any pornographic material(s)	<input type="checkbox"/>	<input type="checkbox"/>
5) Vehicle / motor bike	<input type="checkbox"/>	<input type="checkbox"/>
6) Any video tape (blank/recorded) or laser disc	<input type="checkbox"/>	<input type="checkbox"/>
7) Any suitcase / trunk <i>(If locked, please hand keys to us for Customs inspection purposes, otherwise locked items will be forced open by the Customs Officer.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
8) Any Piano – Upright <input type="checkbox"/> Grand <input type="checkbox"/> Baby Grand <input type="checkbox"/>		
9) Plasma TV – Floor Standing <input type="checkbox"/> Wall Mounted <input type="checkbox"/>		

I take full responsibility for the above declaration and I furthermore, indemnify Santa Fe Relocation Services (S) Pte Ltd for any fine, composition or delay caused by an incorrect declaration.

Full Delivery Address

Street Name: _____
Building Name: _____
Block Name/#: _____ Unit #: _____
Postal Code: Singapore _____
Tel #: _____ Fax #: _____
Preferred Delivery Date: _____

Shipper's Name: _____
Spouse Name: _____
Signature: _____
Nationality/Citizenship: _____
Company Name: _____
Tel #: _____ Fax #: _____

In order to carry out the delivery of your shipment to your satisfaction, it is important to receive specific information about the delivery address. Please tick where applicable.

- | | |
|--|---|
| <input type="checkbox"/> House | <input type="checkbox"/> Apartments/Condo/Flat |
| <input type="checkbox"/> Number of Floors | <input type="checkbox"/> Elevator/Lift <input type="checkbox"/> Staircase |
| <input type="checkbox"/> Accessibility _____ | <input type="checkbox"/> Parking Facility/Restriction _____ |

Please store my shipment until further notice in - Ordinary storage Air-con storage
Storage charges to be borne by - Myself My Company

DECLARATION OF FACTS

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 of the Goods & Services Tax (Imports Relief) Order 1994:

- a) I am changing my place of residence 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 months.
- c) The articles and effects 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, liquor or tobacco products.
- e) The Customs duty on the following motor vehicle included in the consignment will be paid by me before I take delivery of it:
Motor Vehicle : _____
- f) The Customs duty and GST on the following liquors/tobacco included in the consignment will be paid by me after unstuffing of the container or at the checkpoint at the time of clearance of the conventional cargo:

Liquors : _____
Tobacco : _____
(NIL is required if there is none.)

I affirm that the information given above is true and correct.

I also undertake not to dispose of the articles and effects within three months from the date of importation.

SIGNATURE

NAME OF DECLARANT

PASSPORT NO

OCCUPATION

NAME OF EMPLOYER

DATE

.....
FOR OFFICIAL USE

Name of Forwarding Agent : _____
CCC Permit No. : _____
Container No. : _____

Signature/Name of
Permits Officer/Date