

**APPLICATION OF FISCAL LEVIES (Capital & Intermediate Goods)**

Submit in Triplicates

TIEP 4

**WARNING: There are heavy penalties for making false declarations**

	Name & Address of Applicant Tel: Fax:	Date (YY/MM/DD) [ ][ ] [ ][ ] [ ][ ][ ][ ] TIN No. [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ]	Approval Number  Customs Ref. Number	
	Address of Workshop/Factory Tel: Fax:	Type of Operation <input type="checkbox"/> Manufacturer cum Exporter <input type="checkbox"/> Manufacturer cum Indirect Exporter		<input type="checkbox"/> General Approval <input type="checkbox"/> Specific Approval
	Purpose of Importing the Items and their Relation to Production	Names and Address of Exporters (to be filled only by indirect Exporters use overleaf if necessary)		

<b>EXPORT</b>	Export/Manufactured Product	Production volume Next 12 months	Value%
		Export volume next 12 months	Value%

<b>Item No.</b>	Description of import Items	Quantity	Approximate CIF value
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<b>CERTIFICATE</b>	Recommended clearance of the above item under exemption of duty subject to conditions governing the scheme. Recommended clearances under <input type="checkbox"/> 100% Bank Guarantee <input type="checkbox"/> General Approval over a <input type="checkbox"/> Exporter Guarantee <input type="checkbox"/> Specific Approval  In lieu of <input type="checkbox"/> 100% <input type="checkbox"/> 50% of the duties and payable.  Export Facilitation Unit 1 <sup>st</sup> Floor, Sri Lanka Customs, Colombo 11  Date : .....	I/we under signed apply for duty free a clearance of items mentions above and agree to the terms and conditions governing the scheme and declare that all particulars are true and correct. I/We request clearance on a <input type="checkbox"/> Bank Guarantee <input type="checkbox"/> Exporter Guarantee  Name of Authorized Signatory.....  Designation..... Signature.....
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Dark Cages for Official Use Only

The terms and Conditions governing the scheme can be obtained from Export Facilitation unit.  
 Sri Lanka Customs