Dominica Customs & Excise Division
Woodbridge Bay, Roseau
Tel:1-767-266-3717
Email: customs@cwdom.dm
Website: www.customs.gov.dm

APPLICATION FOR TEMPORARY IMPORTATION OF GOODS (ATIG)

To the Comptroller of Customs and Excise:

Pursuant to Customs Notification, I hereby seek permission to temporarily import the undermentioned goods into the

Commonwealth of Dominica for the period: ____/____/_____ TO ____/____/_____

                                        dd /   mm/   yyyy   dd /   mm/   yyyy

CONSIGNEE (Complete ALL Fields)		
NAME:		CODE:
ADDRESS:		
EMAIL:		TEL:

Description of Goods:

QTY	COMMERCIAL DESCRIPTION	SERIAL NO.	ORIGIN	CIF VALUE (XCD)

Reason for Temporary Importation:

Should this permission be granted I undertake:-

(a)   to re-export the goods from Dominica on or before the said date, or

(b)   to enter them for home use immediately if they are to be sold, offered or displayed for sale, leased, hired, lent, pledged or otherwise disposed of in Dominica. (For the avoidance of doubt no goods may be disposed of or offered for disposal in Dominica without first being entered for home use) and I understand that failure to comply with these obligations may result in the seizure of the goods.

…………………………………..   ……………………/………………..   …………………………
Applicants Name   Applicant's Signature/Date   Designation/Company Seal

GUARANTEE BY SURETY, BANK OR INSURANCE COMPANY

We, the undersigned ………………………………………………… hereby, bind ourselves as sureties and

(Name of bank or insurance company)

joint principal debtors for the payment to the Comptroller of Customs of all duties and taxes which become due on any of the above-mentioned goods if not removed from Dominica on or before ____/____/_____

dd /   mm/   yyyy

or which are disposed of in any way within Dominica on or before that date without first having been entered for home use in Dominica.

It shall be a condition of this guarantee that our liability shall not exceed $ …………………….

Signed for and on behalf of ……………………………………………………………………

(Name and address of Bank or Insurance Co.)

………………………………………... ………………………/……………….. …………………………
Name   Signature/Date   Designation/Company Seal

………………………………………... ………………………/……………….. …………………………
Name   Signature/Date   Designation/Company Seal

FOR OFFICIAL USE ONLY

Approved by:

………………………………………... ………………………/……………….. …………………………
Officer Full Name   *Signature/Date*   *Office Stamp*

Port of Importation ………………………….. *Customs Registration Number …………………..*

Intended port of exit…………….................. *Intended date of re-export ……………………..…*

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RE-XPORT DETAILS

I hereby certify that the abovementioned goods were:-

(a) Re-exported via …………………………………… on ____/____/_____ **Port**: DM ……….. C# …………………………

(Vessel Name)   **dd /   mm/   yyyy**

(b) Entered for home use on ………………………… on ____/____/_____ **Port**: DM ……….. C# …………………………

                                                        dd /   mm/   yyyy

………………………………………... ………………………/……………….. …………………………
Officer Full Name   *Signature/Date*   *Office Stamp*