



Section 1: Consignee's Information			
Consignee's Name			
Address			
Contact Person			
E-mail Address			
Telephone Number(s)		Fax Number	

Section 2: Shipment Details	
Declarant/Broker	
Declarant Ref. No.	
Customs Reference No.	

Section 3: Inspection Request			
I hereby apply for inspection of the following products:			
No.	Product(s) Imported	Brand Name	Quantity
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			



20.			
21.			
22.			
23.			
24.			
25.			

(Complete and attach separate sheet, if necessary)

Section 4: Payment	
Non-refundable Application Fee included: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> To be Invoiced	Inspection Fee:
	Receipt No.:

Applicant's Signature

Date

<i>FOR OFFICIAL USE ONLY</i>	
<i>Inspector's Comments:</i>	
<i>Inspector's Signature:</i>	<i>Date:</i>