

## DECLARATION OF FACTS

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:

### APPLICATION DETAILS

- a) Name of Claimant/shipper : \_\_\_\_\_
- b) Passport Number : \_\_\_\_\_
- c) Occupation : \_\_\_\_\_
- d) Name of Employer : \_\_\_\_\_
- e) Reasons for Transfer : Foreign Citizen under Employment / Dependent Pass  
Other Foreign Citizen under Student Pass
- f) Other Reasons for Transfer : \_\_\_\_\_

### DETAILS OF CLAIMANT/SHIPPER'S PARTICULARS

- a) Nationality : \_\_\_\_\_
- b) Sex : \_\_\_\_\_
- c) Date of Birth : \_\_\_\_\_
- d) Passport Issued Date : \_\_\_\_\_
- e) Passport Expiry Date : \_\_\_\_\_
- f) Address in Singapore : \_\_\_\_\_
- g) Tel/Hp No/s : \_\_\_\_\_
- h) Email : \_\_\_\_\_

### TO BE COMPLETED BY FOREIGN CITIZEN

- i) Status of Employment Pass : Approved / Pending Approval / In Principal Approval
- j) Type of Pass : Employment / Dependant Pass / Student Pass / Others
- k) Institution/University (for Students) : \_\_\_\_\_
- l) Nature of Pass : \_\_\_\_\_
- m) Pass No : \_\_\_\_\_
- n) Pass Issued Date : \_\_\_\_\_
- o) Pass Expiry Date : \_\_\_\_\_

**OTHERS DETAILS**

- a) I am changing my place of residence from (which 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 three 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, liquors or tobacco. I provide the following information on whether motor vehicle, liquors and tobacco are included in my consignment.
- e) The Customs duty on the following motor vehicle, liquor or tobacco product included in the consignment will be paid by me before I take delivery of them.

Quantity / Description

Motor Vehicle :  Yes  No \_\_\_\_\_

Tobacco Products :  Yes  No \_\_\_\_\_

Liquors :  Yes  No \_\_\_\_\_

**IMPT NOTE: Blanks must be filled and 'NIL' is required if there is none.**

I affirm that the information given above is true and correct.			
I also undertake not to dispose off the articles and effects within three months from the date of importation.			
_____	_____	_____	_____
Name	Passport No	Date	Signature

**IMPORTATION OF ALCOHOLIC BEVERAGES**

IMPORT 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)

Date: \_\_\_\_\_ Name of Shipper: \_\_\_\_\_

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

No. of Bottles	Type	Brand	Litre	Price per Bottle	Origin

\_\_\_\_\_  
Signature of Import

\_\_\_\_\_  
Passport Number

**Note for the IMPORTER of Alcoholic Beverages**

1. Upon receipt of this list a "Waiver" must be applied for with Customs, without a "Waiver" alcoholic beverage will have to be sent for testing.
2. Upon approval of the "Waiver" we are able to clear the shipment.

Statement of \*Mr/Mrs/Miss \_\_\_\_\_  
 For Video Tapes/Discs to be Exempted from Censorship

I \_\_\_\_\_ NRIC/Passport No. \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ do declare and confirm \* on behalf of  
 \_\_\_\_\_ (Name and Address of Company) that the video  
 tape (s)/video 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	No. 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 maybe 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.

\_\_\_\_\_  
 Signature of Declarant

Date: \_\_\_\_\_

\_\_\_\_\_  
 Witnessed By

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_