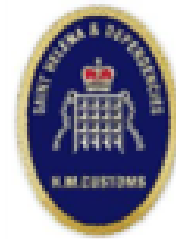




St Helena
Government



HM CUSTOMS AUTHORIZATION FORM

Date:

I _____ (name of persons importing goods) hereby
authorize _____ (name of the person
authorized) to collect imports/goods shipped via consolidator
_____.

This authorization letter is valid for _____
(what voyage does the authorization apply/arrival date of vessel)

_____ (Signature of person giving authorization)

_____ (Name of person collecting goods)

_____ (Signature of the person collecting goods)

_____ (Date of signature)

OFFICIAL USE ONLY

_____ Customs Officers Signature

_____ Date



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