



**FREIGHT TRANSPORT SUBSIDY
APPLICATION FORM**

IMPORTER (CONSIGNEE) NAME <i>(as stated on the manifest)</i>					VOYAGE NO.		
					CONTACT DETAILS <i>(Tele no. and/or email)</i>		
IMPORTER (CONSIGNEE) ADDRESS <i>(as stated on the manifest)</i>					BANK OF ST HELENA ACCOUNT DETAILS	ACCOUNT NAME	
						ACCOUNT NUMBER	
WAYBILL NO.	SHIPPER	FCL / LCL / BBK	NUMBER & TYPE	CARGO DESCRIPTION	WEIGHT (KGS)	VOLUME (M³)	SUBSIDY CLAIMED (£)
TOTAL SUBSIDY CLAIM							

APPLICANT'S DECLARATION AND SIGNATURE

IN SIGNING THIS SECTION YOU DECLARE THAT:

- THE INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT;
- THE CONTAINERS OR CARGO FOR WHICH THE SUBSIDY BEING CLAIMED ABOVE ONLY CONTAIN FOOD PROVISIONS OR ANIMAL FEED;
- THERE IS NO OUTSTANDING CUSTOMS DEBT FOR PREVIOUS SHIPMENTS IN THE NAME OF THE IMPORTER;
- YOU CONFIRM THAT YOU WILL PASS THE BENEFIT OF THE SUBSIDY ONTO CONSUMERS THROUGH YOUR PRICING STRUCTURE WHERE GOODS ARE IMPORTED FOR RESALE PURPOSES; AND
- YOU HAVE AUTHORITY TO MAKE THIS APPLICATION ON BEHALF OF THE IMPORTER/ CONSIGNEE.

FULL NAME

DATE

POSITION