

## APPLICATION FOR ISSUE/RENEWAL OF CUSTOMS ACCESS PASS (CAP)

### PART I – ADDITIONAL INFORMATION

Name of Applicant:.....

Address of Applicant: .....

.....

Applied Customs Clerk for: Broker  Importer/Exporter  Director  Agent  (please tick as appropriate)

1. For Customs Clerk, please indicate whether employed by a/an:

(i) Freight Forwarding Agent (FFA).....

(ii) Customs House Broker (CHB) .....

(iii) Enterprises under MEXA .....

(iv) Individual Importer/Exporter/Freeport Operator/Excise Manufacturer/  
Government Body\* .....

(v) Shipping Agent .....

2. Previously transacting at Customs: YES  NO

3. Date of Character Certificate: .....

### PART 2 – TO BE FILLED BY EMPLOYER

1. Name of Employer.....

2. TAN/VAT: ..... 3. Licence No. .... 4. CSG Ref No. ....

5. (a) Do you employ/hire a Customs House Broker? YES  NO  (please tick as appropriate)

(b) If yes,

(i) Name of CHB ..... (ii) CAP No. ....

6. (a) Do you have front end system(s)? YES  NO  (please tick as appropriate)

(b) If yes,

(i) How many? ..... (ii) Your Tradener User/s code/s: .....

7. Business address: .....

8. Tel: ..... Fax No. .... Email Address:.....

**We hold ourselves accountable for his behaviour and action at MRA-Customs and undertake to take disciplinary measures against him if need be. He is under sole employment with us and is authorized to transact at Customs only on our behalf.**

Name: .....

Date: .....

Signature:.....

Designation:.....

Company seal:

**PART 3 - UNDERTAKING**

**UNDERTAKING BY BROKERS, FREIGHT FORWARDING AGENTS, SHIPPING AGENTS, FREEPORT OPERATORS,  
IMPORTERS /EXPORTERS AND EXCISE MANUFACTURERS/GOVERNMENT BODY**

In consideration of the Director-General accepting to provide me/my employee\* with the CAP allowing me/my employee\* access to Customs Offices and Freight Stations,

I, ..... hereby undertake that:

1. The CAP shall be worn conspicuously by my employee/myself\* and be shown on demand. It shall remain the property of the MRA-Customs and must be returned to MRA-Customs on demand, upon cessation of employment or on expiry of the validity of the card;
2. I understand that the CAP must be used in order to have access to Customs Headquarters, other Customs Offices and Freight Stations. Any inappropriate use of this access pass may be considered as misconduct and shall be sanctioned in accordance with Section 120 of the Customs Act;
3. I agree to pay Rs 300 to MRA-Customs for the initial pass and undertake to pay Rs 400 upon renewal or in case of loss of the initial one;
4. I shall, in the event of loss of the CAP, report the case to the nearest Police Station. New pass will only be issued only upon production of a memo from Police;
5. I shall collect the pass of the employee appointed by me and hereby accept:
  - a. to surrender the expired CAP prior to receiving the renewed one;
  - b. to immediately inform MRA-Customs in case of cessation of employment of the holder, and the reasons thereof, and remit the pass back to MRA-Customs ;
6. I agree that the Director-General has the right to withdraw the pass if the holder has contravened the provisions of the Customs Act and other relevant legislations;
7. I hold myself accountable for the acts in MRA-Customs of persons employed by me/my company\*.

I understand that the penalties for any offence committed under Part XIV, Sections 117 - 124 of the Customs Act relating to Agents and Brokers are as provided under the same Sections.

Signature: .....

Date: .....

*\*to delete as appropriate*

**PART 4 – DOCUMENTS TO BE PRODUCED AT REGISTRATION UNIT**

1. NIC - Original + Copy
2. Letter from Employer certifying that the person is employed by the company and his/her exact designation
3. Certificate of character (not older than 3 months) - Original + Copy
4. Proof of address for applicant (utility bill not older than 3 months)
5. Contribution of CSG confirmed by OSD, MRA for the employee
6. Contribution of CSG confirmed by OSD, MRA for Executive Directors
7. Documentary evidence from Registrar of Companies - in case of Directors

**FOR OFFICIAL USE**

**REGISTRATION – ID UNIT**

Cash Book No. : .....

Previous CAP No.: .....

New CAP No. ....

Expiry Date: .....

Name of Officer:.....

ID: .....

Signature: .....

Date: .....