



PAYMENT AUTHORISATION FORM
FOR THIRD PARTY CHEQUES

Name of Organisation / Individual _____

Address of Organisation / Individual _____

Date: _____

The Comptroller of Customs and Excise
Customs House
Upper Bay Street
Kingstown

I/We hereby declare that permission has been granted for **Cheque No.** _____ drawn from
_____ in the amount of \$ _____ to be used for the
following payment(s):

Name on Declaration/Importer	Declaration Number	Declaration Amount (XCD)
Total XCD		

Signature of Authorising Organisation/ Individual

Signature of Importer/Consignee