



**AUTHORIZATION FOR EDI SUBMISSION OF  
EXECUTED PERMIT ADVICE**



(PLEASE COMPLETE THE FORM IN BLOCK LETTER)

Unique Reference No.  _____	FOR INTERNAL USE ONLY
Type of Party: <input type="checkbox"/> Permittee ONLY <input type="checkbox"/> Permittee – cum – local manufacturer (release DCs) <input type="checkbox"/> Permittee – cum – local manufacturer (receive DCs)	
<input type="checkbox"/> Shut- out Cargo (if applicable)	
DC Removal Date & Time (YYYY/MM/DD HH24:MI)	
Import Container No. (if available)	
Export Container No. (if available)	

**Goods Description:**

Item	Commodity Code	Actual Quantity	Breakage Quantity (if applicable)	Licence No. of Warehouse for the Storage of Surplus Goods. (if applicable)	FRP No.
		<i>Unit</i>	<i>Unit</i>		

Remarks:

**Surplus Items: (if applicable)**

Item	Commodity Code	Description of Goods	Surplus Quantity	Surplus Quantity Unit	Licence No. of Warehouse for Surplus Storage

**DECLARATION:**  
 I \_\_\_\_\_ (name of signatory), HKID No. \_\_\_\_\_ ( ), acting and signing for and on behalf of \_\_\_\_\_ (name of licensee), make the following declarations and authorization:  
 I hereby declare that all the particulars entered in this advice and in the attached printout(s) as available which is/are endorsed by the signatory on each page are true and correct.  
 I hereby authorise the Specified Eligible Agent (or the actual specified eligible agent specified in Schedule 1B of the Dutiable Commodities Ordinance (Cap 109) to whom I submit this form) to generate the relevant codes in respect of the particulars given in this advice, and to send and receive the EDI messages related to this Executed Permit Advice to and from Government.

Licensee’s Company Name _____	Date _____
Signatory Name _____ (IN BLOCK LETTER)	Signatory and Company Chop _____
Designation / Position _____	
Contact Tel No. _____	
Contact Fax No. _____	

Warning: It is a criminal offence to furnish any incorrect information. Maximum penalty will be a fine of \$1,000,000 plus imprisonment for 2 years.