



AUTHORIZATION FOR EDI SUBMISSION OF EXECUTED PERMIT ADVICE



(PLEASE COMPLETE THE FORM IN BLOCK LETTER)

Unique Reference No. _____ 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)	FOR INTERNAL USE ONLY
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------

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 _____ Signatory and Company Chop
 (IN BLOCK LETTER)
 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.