



AUTHORIZATION FOR EDI SUBMISSION OF CANCELLATION REQUEST



(PLEASE COMPLETE THE FORM IN BLOCK LETTER)

Unique Application Reference  	FOR INTERNAL USE ONLY
Licence No.: (Applicable for Customs Appointment Cancellation ONLY)	
Reference Type for Cancellation: (tick as appropriate) <input type="checkbox"/> Permit Application <input type="checkbox"/> Customs Appointment	
Reason for Cancellation: (tick as appropriate) <input type="checkbox"/> Order Cancelled by Buyer <input type="checkbox"/> Change of Destination country <input type="checkbox"/> Shipment Delayed <input type="checkbox"/> Others (pls. specify) _____	
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 request 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 application, and to send and receive the EDI messages related to this Cancellation Request to and from Government.	
Licensee's Company Name _____  Signatory Name _____ (IN BLOCK LETTER)  Designation / Position _____  Contact Tel No. _____  Contact Fax No. _____	Date _____  Signatory and Company Chop _____
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.	