

St. Kitts-Nevis Customs & Excise Department Application Form for Voluntary Compliance Program (VCP)

Part :	Part I General Information							
1.	Type of Application (<i>Please put an "X" in the appropriate box</i>)							
	☐ New Application ☐ Re-Application							
Part	Part II Company's Information							
2.	Name							
3.	Type of Bus	usiness (Please put an "X" in the appropriate box(es))						
\square M	Manufacturer Ex		porter	Importer		Warehouse Operator		
Freight Ex		press	Carrier		Others			
Forw	Forwarder Courie		er		(p	lease specify)		
4.	Company T	ax Ide	entification					
	Number							
5	Registered	Busine	ess Address					
	Office (s)							
	Warehouse (s)							
	Manufacturi	ng Plai	nt					
	(s) (if applicable)							
6.	Mailing Ad	dress (if different f	from the busin	ess addre	ess)		
7.	Website							
	Address							
8.	Contact Person (for this application)							
	Name							
	Position							
	Phone number							
	Fax number							
	Email address							
9.	Company's Authorized Customs Broker or Clerk							
	Name							
	Declarant							
	Number							
	Phone number							
	Fax number							
	Email addre	SS						

I hereb	y declare	that a	all the	information	given	in	this	application	and	in a	11	documents
submitt	ed herew	ith is tr	ue and	l accurate.								

By tendering this application form for joining the St. Kitts-Nevis Customs & Excise Department's (SKNCED) Voluntary Compliance Program (VCP), I acknowledge my understanding and acceptance of the following terms and conditions:

- 1) To provide in this application the following documents:
 - a. the completed application form,
 - **b.** self-assessment questionnaire, and
 - c. supporting documents as may be requested by the SKNCED;
- 2) To inform the SKNCED immediately of any changes in the particulars declared on this application form and in all submitted documents any time before the starting of/or during the documentary check(s) / on-site validation(s);
- 3) To offer adequate and reasonable assistance to SKNCED on documentary check(s) or on-site validation(s) at my company's operating premises.

I understand and agree that all information I submit in relation to this application will be verified by the SKNCED as required.

•••••	•••••			
Authorized Signature *	Position in Company			
•••••	•••••			
Full Name of Signatory	Date and Company Stamp			

Note: Incomplete or inaccurate information provided in the form may affect our consideration and processing of the application, and may result in the application being deferred or rejected.

^{*} Except for sole proprietorship or partnership, the person who signs this application shall have a written authorization from a director (s) of the company to make this application and act for and on behalf of the company in all matters pertaining to the VCP.

Part IV FOR OFFICIAL USE						
Approval Status:	Approved	Name of Designated Officer:				
	Deferred					
	Rejected					
Remarks:		Signature & Date :				

Part V Enquiries

Enquiries concerning the Voluntary Compliance Program or data entered on this form, including the request for access to and updating of such data, should be addressed to:

The Chairperson Voluntary Compliance Task Force

CLIENT ASSISTANCE

The Voluntary Compliance Task Force (VCTF) *St. Kitts-Nevis* Customs & Excise Department P.O. Box 1, Bird Rock, Basseterre,

St. Kitts

Email: vctf@skncustoms.com Telephone: 1 (869) 466-7227/7228

Fax: 1 (869) 465-8519

Website: www.skncustoms.com

St. Kitts-Nevis Customs & Excise Department

Long Point *Nevis*

Email: vctf@skncustoms.com Telephone: 1 (869) 469-0705 Fax: 1 (869) 469-0705

Website: www.skncustoms.com

