



**St. Kitts and Nevis Customs & Excise Department
Authorization to Act for and on Behalf of Company for the Voluntary
Compliance Program (VCP)**

I/We hereby authorizeto complete and submit this application for and on behalf of for the Voluntary Compliance Program (VCP) and to act for and on behalf of the said Company on all matters pertaining to the VCP of the St. Kitts and Nevis Customs & Excise Department.

This authorization shall remain in force until further written notice from the Company.

.....

Authorized Signature of Agent/Broker Acting on behalf of Company

.....

Full Name of Signatory above

.....

Signature of Authorized Company Director (s)

.....

Full Name (s) of Signatory of the Director (s)

.....

Company Official/Stamp/Seal