

GUYANA REVENUE AUTHORITY NOTIFICATION FOR EXPORTS

PLEASE COMPLETE IN BLOCK LETTERS • FORM MUST BE COMPLETED IN QUADRUPLICATE

SECTION A: GENERAL INFORMATION
I. LEGAL NAME OF CONSIGNOR / EXPORTER:
2. TRADING NAME:
3. TAXPAYER IDENTIFICATION NUMBER (TIN):
4. ADDRESS:
5. TELEPHONE NUMBER (S):
SECTION B: DETAILS OF EXPORT
6. NAME OF CONSIGNEE:
7. ADDRESS:
8. DATE OF EXPORT:
9. FINAL DESTINATION OF EXPORT:
10. NAME OF SHIPPING AGENT:
II. NAME OF SHIPPING LINE:
12. VESSEL:
13. TRANSIT SHED:
14. DESCRIPTION OF GOODS:
15. NUMBER OF CONTAINERS TO BE STUFFED:
16. LOCATION FOR PACKING / STUFFING OF CONTAINER:
17. NAME OF WHARF WHERE CONTAINER WILL BE LOADED:
CECTION C. DECLARATION
SECTION C: DECLARATION I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.
FULL NAME:
SIGNATURE: DATE:

PLEASE NOTE:

- I. A copy of the confirmation of container issued by the Shipping Agent and a copy of confirmation of booking with the Shipping Agent MUST be submitted along with this notification.
- 2. Forms must be completed by the person signing the form.
- 3. Where an agent is signing the form, it must carry the official stamp of the agent