ST. KITTS AND NEVIS Application for re	elief from Duty and /or Taxes form C101
Applicants(s) (Name and full address)	Importer (Name and Full Address)
Quantity and Description of Goo	ods Purpose of use
Quantity and Description of Got	rui pose oi use
Declaration of Application	Recommendation by Competent Authority
* I/We the undersigned, hereby declare that the above were Imported	Treatment by Competent Authority
by * me/us or on * my/our behalf and are solely for use by the applicant*(s) herein and for the purposes stated.	
applicant (s) herein and for the purposes stated.	
Date and Signature of Authorized Signatory	Date, Signature and Stamp of Competent Authority
*strike out Inappropriate Words	
Approved by Ministry of Finance	Comptroller's Directions
	CPC
	CPC.
Date, Signature and Stamp of Financial Secretary	
	Date, Signature and Stamp of Comptroller of Customs