

**DECLARATION OF FACTS TO SINGAPORE CUSTOMS
FOR GST RELIEF ON USED HOUSEHOLD ARTICLES AND PERSONAL EFFECTS**

I) To be completed by claimant

I hereby provide the following information in support of my application for Goods and Services Tax Relief on my used household article and personal effects under items 8 in the schedule of The Goods & Services Tax (imports Relief) Order 1994:

- (a) I am changing my place of residences from ----- (country) to Singapore
- (b) I am the owner of the articles and effects imported and these have been in my possession and use for a period of not less than 3 (three) months

They are imported within 6 months of my first arrival..... (date) in Singapore.

- (c) I am aware that the GST relief I am applying does not cover any motor vehicle (including, but not limited to: cars, motorcycles, scooters, motorized bicycles, motorized scooters or any other motorized vehicle), liquors or tobacco. I provide the following information on whether a motor vehicle(s), liquors and/or tobacco are included in my consignment.

	Yes	No	Quantity/ Description
Liquor	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motor Vehicle (please note inclusions above as to what constitutes a Motor Vehicle)	<input type="checkbox"/>	<input type="checkbox"/>	_____

- (d) The customs duty and GST on the following motor vehicle included in the consignment will be paid by me before I take delivery of it:
Motor Vehicle:-----

- (e) The customs duty and GST on the following liquors/tobacco included in the consignment will be paid by me **after** un-stuffing of the container or at the checkpoint at the time of clearance of the conventional cargo:
Liquor:-----

Tobacco:-----

(NIL is required if there is none)

I affirm that the information given above is true and correct.

I also undertake not to dispose of the used household articles and personal effects within three months from the date of importation.

SIGNATURE

NAME OF DECLARANT

PASSPORT NO

OCCUPATION

NAME OF EMPLOYER

DATE



II) To be filled by declaring agent

The articles and effects are imported via:-

Bill of Lading/Airway Bill no.: _____

Vessel Name/Voyage no.*: _____

Flight no.: _____

COMPANY'S NAME

CR NO.

TELEPHONE NO.

CONTACT PERSON

III) For official use:

Permit No.: _____

Container No.: _____

Signature/ Name of Permits Officer
Date

*Complete as appropriate