

BOTSWANA CUSTOMS QUERY NOTIFICATION

Clearance Office Code	Entry Registration No.	Date of Entry	Your Reference

To:

The boxes specified in Part A below appear to have been omitted or incorrectly completed. Please attend to these errors and provide details of correct particulars in Part B. If the reply grid is insufficient further query notification forms or lists must be utilised. The reasons for the errors must be explained in Part C overleaf.

PART A : QUERY DETAILS BY CUSTOMS

Officer

Date

ITEM NO.	BOX REFERENCE	QUERY

PART B : REPLY / VOUCHER OF CORRECTION REQUEST (See also PART C)

ITEM NO.	BOX REFERENCE	DETAILS ORIGINALLY DECLARED	PLEASE AMEND TO:-

CORRECTED REVENUE SUMMARY

ITEM NO.	ICD	ADV	EXC	STA/VAT	OTHER	Revised Total Payable
TOTAL						

Amount Already Paid

Balance : To be PAID / REFUNDED

DECLARATION

I, the undersigned, being the * _____ / 's authorised agent
DECLARE that the details shown in Part B in response to the queries in
 Part A are **TRUE** and **COMPLETE**.

I request that this form be annexed to the original Bill of Entry which should be read subject to the amendments provided hereon.

Signature

Date

FOR OFFICIAL USE

* Insert importer or exporter