



REQUEST FOR CANCELLATION

The Director-General, Mauritius Revenue Authority

I, the undersigned, request permission to cancel declaration No. :

Processed and validated by CMS on

Name of Importer/Exporter:

Importer/Exporter Identification Number:

Address:

.....

Reasons for Cancellation:

Name of declarant (Block Letters):

Declarant Identification Number:

Signature of declarant:

Date:

Cancellation may be approved on the following conditions:

Name:

Rank:

Signature:

Date:

Declaration No.:

Cancelled on

Name:

Rank:

Signature:

Date: