



**St. Kitts and Nevis  
Customs and Excise Department**  
*“To Protect and Collect”*

**Long Point  
Nevis W.I.**

**Tel: (869) 469 0704  
Fax: (869) 469 0705  
Email: neviscustoms@hotmail.com  
www.skncustoms.com**

**Permission Slip**

To: Comptroller of Customs,

I .....  
*(Please print Full Name)*

Of address .....

Do grant .....  
*(Please print Full Name of Broker/Agent/Person)*

Permission to clear..... pieces of cargo shipped on/with.....  
.....  
*(Vessel/Aircraft/Courier)*

Arrival Date: .....

**Goods Location**

- |                           |                 |
|---------------------------|-----------------|
| Courier (Charlestown)     | Baggage Hall    |
| Parcel Port (Charlestown) | Long Point Port |
|                           | Air Cargo       |

Please find copy of my identification and the necessary release documents from the shipping agents attached.

**Particulars of I.D.**

NAME .....  
ADDRESS .....  
I.D. TYPE .....  
I.D. NO. ....

.....  
*(Signature of Importer)* *(Date)*

**Please note that this document must be presented with a physical picture ID of the particulars noted above.**