**CONTAINER MOVEMENT AUTHORIZATION FORM AND**

 **TRANSFER NOTE**

Name of Container Examination Station Operator…………………………………….

Date……………………………………..

You are hereby authorized to remove from …………………………………………….

to the Container Examination Station at…………………………………………………

Container(s) No(s)……………………………………………………………………….

for Customs examination , which container(s) was/were imported by………………….

………………………………………………..ex MV…………………………………..

arrived on……………………………………..B/L No………………………………….

Entry No………………………………………Assessment No………………………….

 ………………………………………

 *Comptroller of Customs and Excise*

 TRANSFER NOTE

 *To be completed by Officer in Charge of Port/Place of Entry*

Port/Place of Entry……………………………………..Shed No………………………………

Name of Importer………………………………………Container(s) No(s)…………………

………………………………………………………….Seal(s) No(s)…………………………

………………………………………………………….Date of Release………………………

Time of Release…………………Time allowed for transfer to CES…………………………...

…………………………………….

……………………………………. ……………………………………….

 Date Signature of Customs Officer