



OZONE DEPLETING SUBSTANCES REGULATIONS 2010

FORM 10

DEPARTMENT OF ENVIRONMENT

IMPORT DECLARATION

(Sections 16 and 17 of the Act and Regulation 23)

TO: Fiji Islands Revenue Customs Authority at _____ port/airport
AND To:

Ozone Depleting Substances Unit,
GPO Box 2109, Suva, Fiji

This is to declare that a quantity of controlled substances is due to arrive at the above port/airport from _____ (last port of call) at _____ (time) on _____ (date).

Flight no. or ship's name _____

Nature of the container/ equipment/ other
(tick as applicable)

Controlled Substances

<u>Name</u>	<u>Quantity</u>	<u>Place of origin</u>	<u>Destination</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Master/ **Captain**/ **Customs agent**/ **Authorised supplier**
(tick as applicable)

Contact details

Full name _____

Name of employer _____

Name and address of place of business _____

Residential address _____

Telephone Home _____ Work _____
 Mobile _____ Fax _____

E-mail address _____

Identity of the authorised supplier who will receive the consignment (if not the Declarant)

Declaration

I declare the above particulars to be accurate to the best of my knowledge and belief
I understand that a clearance fee of \$1 per kg is payable for the shipment.

Signed _____

Date _____
