

**AUTHORISATION FOR ELECTRONIC SUBMISSION OF  
CANCELLATION REQUEST**

(PLEASE COMPLETE THE FORM IN BLOCK LETTER)

Unique Application Reference  <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<b>FOR INTERNAL USE ONLY</b>
Licence No.: (applicable for Customs Appointment Cancellation ONLY)	
Reference Type for Cancellation: (tick as appropriate) <input type="checkbox"/> Permit Application <input type="checkbox"/> Customs Appointment	
Reason for Cancellation: (tick as appropriate) <input type="checkbox"/> Order Cancelled by Buyer <input type="checkbox"/> Change of Destination country <input type="checkbox"/> Shipment Delayed <input type="checkbox"/> Others (pls. specify) _____	

**DECLARATION:**  
 I \_\_\_\_\_ (name of signatory), HKID No. \_\_\_\_\_ ( ), acting and signing for and on behalf of \_\_\_\_\_ (name of licensee), make the following declarations and authorization:  
 I hereby declare that all the particulars entered in this response are true and correct.  
 I hereby authorize the Specified Eligible Agent (or the actual specified eligible agent specified in Schedule 1B of the dutiable Commodities Ordinance (Cap 109) to whom I submit this form) to generate the relevant codes in respect of the particulars given in this application, and to send and receive the Electronic messages related to this Cancellation Request to and from Government.

Licensee's Company Name _____	Date _____
Signatory Name <small>(IN BLOCK LETTER)</small>	
Designation / Position _____	Signatory and company Chop
Contact Tel No. _____	
Contact Fax No. _____	

Warning: It is a criminal offence to furnish any incorrect information. Maximum penalty will be a fine of \$1,000,000 plus imprisonment for 2 years.