



**AUTHORISATION FOR ELECTRONIC SUBMISSION OF  
QUERY RESPONSE FOR DUTIABLE COMMODITIES PERMIT APPLICATION**

(PLEASE COMPLETE THE FORM IN BLOCK LETTER)

Unique Reference No.    _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _	FOR INTERNAL USE ONLY
Government Query Reference No.    _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _   _ _	

Item	Query Type (pls. tick as appropriate)	Response to Query Details
	<input type="checkbox"/> Refund Notification <input type="checkbox"/> Request for Outstanding Executed Permit Advice <input type="checkbox"/> Request for Outstanding Payment <input type="checkbox"/> Request for Supporting document <input type="checkbox"/> Others (pls. specify in the "Response to Query Details" column)	
	<input type="checkbox"/> Refund Notification <input type="checkbox"/> Request for Outstanding Executed Permit Advice <input type="checkbox"/> Request for Outstanding Payment <input type="checkbox"/> Request for Supporting document <input type="checkbox"/> Others (pls. specify in the "Response to Query Details" column)	
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**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 authorise the Specified Eligible Agent (or the actual specified eligible agent specified in Schedule 1B of the Dutiable Commodities Ordinance (Cap109) to whom I submit this form) to send and receive the electronic messages related to this Query Response to and from Government.

Licensee's Company Name _____	Date _____
Signatory Name _____	
Designation / Position _____	
Contact Tel No. _____	Signature and Company Chop
Contact Fax No. _____	
Contact Email _____	

**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.**