

RETURNING NATIONALS SECRETARIAT APPLICATION FOR DUTY-FREE CONCESSIONS

(1)11001110 0111	pplicant:						
(2) Address (0	Overseas):						
(3) Address (I	Local):						
(4) Telephone	No.:						
(5) Resided al	oroad for	years.					
(6) Intended d	ate of return:						
	(7) Value of items: (A list must be attached) *Please attach proof of ownership of vehicle with the attached list.						
I hereby certify	that all of the items ar	my personal effects.					
Signature of Applicant							
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	• •	l be reported to the Comptroller of Customs for appropriate action)					
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(Any false	e information provided, wi	l be reported to the Comptroller of Customs for appropriate action) MENDATION OF SECRETARIAT					
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CONDITIONS FOR OBTAINING DUTY-FREE CONCESSIONS UNDER THE RETURNING NATIONAL POLICY

11	hereby agree to the following conditions:
1)	That I intend to return home within a period of six (6) months from the date of application to take up permanent residence.
2)	That the items imported duty free under the policy will not be sold before informing Customs and making arrangements to pay the duty on the residual value.
3)	That the items are for the applicant's use and will not be transferred to another party whether as a gift or as a sale.
4)	To be considered as residing in St Kitts for the purpose of this policy, a returning national during the first three (3) years of his return, must NOT return abroad and reside there for a continuous period of more than 3 months.
5)	Failure to comply with the above may result in the levying of duties on all items imported.
I cert	ify that I have read and understood the above conditions.
Signat	ure of Applicant Date

Returning Nationals Application for Duty-Free Concessions

(1)	Name of Applicant		**************************************				
	[] Male	[] Female					
(2)	No. of family members accompanying you?						
(3)	Age Range						
	You	Spouse	Children/Dependents				
	30 – 49 [] 50 – 69 []	20-29 [] 30-49 [] 50-69 [] 70-89 []					
(4)	Purpose of Returning:	1					
				sion [] Other			
(8)	(8) Qualifications (Educational institutions attended abroad):						
(9)	Skills and experience acq	uired while living abro	ad:				
	Are you interested in join	ing the Returning Nati					
	Name:			70.1 W			
	Address:			Tel. #:			