

**DECLARATION OF FACTS TO SINGAPORE CUSTOMS  
FOR GST RELIEF ON USED HOUSEHOLD ARTICLES AND PERSONAL EFFECTS**

**I) To be completed by Claimant:**

I hereby provide the following information in support of my application for Goods and Services Tax relief on my used household articles and personal effects under item 8 in the Schedule to the Goods & Services Tax (Imports Relief) Order:

- (a) I am transferring my residence from \_\_\_\_\_ (country) to Singapore.
- (b) I am the owner of the used household articles and personal effects imported and they have been in my possession and use for a period of not less than 3 months.
- (c) The articles and effects are imported via :-  
 Bill of Lading/ Airway Bill no. : \_\_\_\_\_  
 Vessel Name/ Voyage no.\* : \_\_\_\_\_  
 Flight no.\* : \_\_\_\_\_  
 They are imported within 6 months of my first arrival date \_\_\_\_\_ in Singapore.
- (d) I am aware that the GST relief I am applying does not cover any motor vehicle, liquors or tobacco. I provide the following information on whether motor vehicle, liquors and tobacco are included in my consignment.

	Yes	No	Quantity/ Description
Liquors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	_____

I affirm that the information given above is true and correct. I undertake to pay duties and GST on the liquors, tobacco and motor vehicle included in my consignment, and also not to dispose of the used household articles and personal effects within three months from the date of importation.

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_____ <b>SIGNATURE</b>	_____ <b>NAME OF CLAIMANT</b>	_____ <b>PASSPORT NO.</b>
_____ <b>DATE</b>	_____ <b>OCCUPATION</b>	_____ <b>NAME OF EMPLOYER</b>

**II) To be filled up by Declaring Agent:**

HELU TRANS (S) PTE LTD  
**COMPANY'S NAME**

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**CR NO.**

6329 6834  
**TELEPHONE NO.**

LIZBETH ROBLEDO  
**CONTACT PERSON**

**III) For official use:**

Permit No. : \_\_\_\_\_

Container No. : \_\_\_\_\_

\_\_\_\_\_  
Signature/ Name of Permits Officer  
Date

- Complete as appropriate

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**ATTACHMENT TO DECLARATION OF FACTS**

The following are the details of dutiable items in my shipment:-

<b>ALCOHOL</b>	<b># OF BOTTLES</b>	<b>LITRES PER BOTTLE</b>	<b>VALUE PER BOTTLE</b>	<b>REMARKS (EG OPENED BOTTLES)</b>
Sparkling Wine				
Still Wine				
Brandy				
Whiskey				
Vodka				
Beer				
Others (please specify)				

<b>TOBACCO</b>	<b>QUANTITY</b>	<b>VALUE</b>	<b>REMARKS</b>
Cigarettes			
Cigars			
Tobacco Leaves			
Others (please specify)			

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**PASSPORT NUMBER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

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