



**Application for Violation of Document Against Payment (DP),
Document Against Acceptance (DA)**

(Gazette Extraordinary No: 2335/26 dated 09.06.2023)

01. Name of the Business:

02. Address of the Business:

03. Business Registration No:

04. TIN No:

05. Customs Declaration No: Date:

06. Whether Customs officials refer to the Controller General:

Yes No

07. Contact details of the Business:

Landline: Mobile:

Email: Fax:

08. Description of Goods: (Attachment Accepted)

Description of Goods	HS Code	Quantity	Value	Remarks	ICL	TS	None of Both

09. Tick the Followings:

ICL TS None of Both

10. Commercial Invoice No: Date:

11. Payment Terms / Methods: DP DA

12. Bank/s Name & Branch:

I hereby declare the above particulars filled by me are true and correct and I declare that I have not been given approval exceeding two times, as per the section No.3.2 (C) of the Gazette Extraordinary No: 2335/26 dated 09.06.2023).

.....
Name and signature of authorized officer

Designation:

Seal

.....
Date