



Form C.199

APPLICATION FOR SUPERVISION

(to be completed in duplicate)

For use Customs	
er.no	

						Ser.no			
	stoms Officer								
, , ,	cant's name)								
	Customs Register no./II				•	•	•		
in the ter	nporary storage faciliti	es at							
/the premi	ses at		. street, r	10		. in			
from	to	hours on			(date	e) in relation	on to the f	ollowing	
operation:									
I/We agree	e to pay the relevant ch	arges							
Date:									
	Applicant's name and capacity					Signature			
		FOR USE	BY CUS	TOMS O	NLY				
The applic	ation is approved/reject	ted because							
Date:									
	Officer's name					Signature			
	y that I/we have attend	-	ıpervised	the abo	vementione	d operation	from	to	
	hours on	, ,							
Officer's/Officers name(s)					Signature(s)				
	SUPE	RVISION PART	ΓICULAR	S AND (CHARGES I	DUE			
Date	Officer's/Officers name(s)		Duration		Total of	Rate	Amount due		
			From	То	hours		€	cent	
·····									
······									

TOTAL