						-			
	BIL	L OF	ENTR	Y QUI		FICATION		R OF COR	RECTION
Clearance Office Code			e	Entry Registration No.			Date of Entry		Your Reference
То:									
	: OUF		ETAIL	S BY	CUSTOM	S	Officer		Date
ITEM NO. BOX REFER					· · · · · · · · · · · · · · · · · · ·				Buto
						CTION REC	-		
ITEM N	0.	BOX REFERENCE		DETAILS ORIGINALLY DECLARED			PLE	ASE AMEND TO:-	
CORRECTED REVENUE SUMMARY				ARY		1		Revised	Total Payable
ITEM NO.									
								A a t	
								Amount	Already Paid
									_
								Balance : To	b be PAID / REFUNDED
TOTAL									
								F	OR OFFICIAL USE
	I, the undersigned, being the * 's authorised agent DECLARE that the details shown in Part B in response to the queries in Part A are TRUE and COMPLETE .								
								_	
	I request that this form be annexed to the original Bill of Entry which should read subject to the amendments provided hereon.							e	
	Signature			Date					

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SAD 503 - CUSTOMS DECLARATION FORM

* Insert importer or exporter

SAD 503 - CUSTOMS DECLARATION FORM

PART C (FOR COMPLETION BY DECLARANT)

Reasons for and explanation of circumstances concerning the error(s).

PART D	FOR OFFICIAL USE ONLY							
Report by office								
Signature	Name	Grade	Date					
C.g								
Authority to amend	: :							
Signature	Name	Grade	Date					
Officer's Decisi	ion (where required)							
Signature	Date							