



APPLICATION FOR MODIFICATION OR CANCELLATION OF REGISTERED SAD

Lodgment number:

1. Details of Applicant

Name of Declarant:

Name of Consignee:

2. Details of SAD

SAD Ref number (Office/Reference/Year):	Item number:	What to modify or cancel:

3. Reason for Modification or Cancellation

Please provide reasons here:

(Note: Attach copy of the SAD declaration and other relevant documents such as Exemption letter, Customs Border verification reports, Invoice, Bill of Lading/Air Way Bill or any other important documents needed for verifications to this request)

If space is insufficient, please attach extra pages.

Person requesting modification/cancellation(signature):

Name:

Date:

For official use only

Approval	Modification / Cancellation (Please circle)
Application approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Processed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorized officer (signature):	Processing officer (signature):
Name:	Name:
Date:	Date: