



APPLICATION FOR SPECIAL OR EXTRA ATTENDANCE

CE 73

TIN:	
PIN:	
Ref No:	

The Commissioner General

Customs office:.....

I/We require the attendance of (number).....officer(s) between the hours of.....

Andon (Date)...../...../ for the purpose of (state nature of service required)

.....

and agree to pay the amount due for such attendance/for purposes stated in Regulations 67 (1) (2) and 67(3) for which no attendance charge is applicable.

.....
 Date Name of person/firm Signature of person/firm's representative

FOR OFFICE USE:

Name of Officer (s)	Rank	Date and time of actual attendance	No. of Hours	Amount Due	
				E	C
Total amount due to the SRA					

Paid to Receipt Number		Dated	
Cashier			