



DUTY FREE APPROVAL CHECK LIST

1. COMPLETE FORMS ATTACHED (C44 & CONSOLIDATED FORM)
2. ADD GOVERNMENT ID (PASSPORT OR DRIVERS LICENCE)
3. ADD BAHAMIAN UTILITY BILL IN YOUR NAME. (FOR PROOF OF BAHAMIAN ADDRESS)
4. CLICK2CLEAR REGISTRATION. www.bahamascustoms.gov.bs/landing-page/click2clear/

* CONSOLIDATED FORM MUST BE SIGNED AND APPROVED BY INLAND REVENUE
LOCATED IN MARSH HARBOUR AT THE GOVERNMENT COMPLEX.

BAHAMAS CUSTOMS CAN APPROVE MOST ITEMS.

C44
CONSOLIDATED FORM
ID
UTILITY BILL
CLICK2CLEAR REGISTRATION



BAHAMAS CUSTOMS DEPARTMENT
FORM NO.C44
STANDING AUTHORITY IN RESPECT OF SIGNING
DECLARATION OF VALUE

To The Comptroller of Customs, Nassau

I/We, * _____
(Name of Importer)

Of _____
(Address of Importer)

Hereby authorize _____

(name and address of person or company authorized to make the Declaration Value)

On my/our * behalf to declare the value and other matters relating to the goods concerned, in respect of all goods imported by me/us * hereby declare that the signature endorsed below is the specimen of the signature which will be used by the person/company * authorized by me/us *.

Specimen of Signature

Signature of the Importer
(Proprietor/Partner/Director/Secretary)*

Date _____



Government of The Bahamas
CONSOLIDATED TAX RELIEF FORM
 for the purchase of approved Hurricane Dorian relief goods
 between December 1st, to June 30th, 2020

Use this form to apply for tax relief on the import and purchase of goods as detailed below.
 Present or email the completed form to **the Ministry of Finance/Department of Inland Revenue** for review and approval prior to purchase. Please attach pro forma or final invoices. Email: patricialewisdeane@bahamas.gov.bs or medinataylor@bahamas.gov.bs. For more information: inlandrevenue.finance.gov.bs

SECTION A: TO BE COMPLETED BY ALL APPLICANTS

Name of Purchaser: _____ / _____
Last Name First Name

Business Name (If Applicable) _____

National Insurance #/Business TIN: _____ Local/Foreign Purchase: _____

E-mail: _____ Telephone (Cell/Work): _____

Address: _____

What is the final destination of the goods?

- | | |
|----------------------------------------------|-----------------------------|
| <input type="checkbox"/> Abaco | City/Town/Settlement: _____ |
| <input type="checkbox"/> Abaco Cays | City/Town/Settlement: _____ |
| <input type="checkbox"/> Grand Bahama Island | City/Town/Settlement: _____ |
| <input type="checkbox"/> Sweetings Cay | City/Town/Settlement: _____ |
| <input type="checkbox"/> Deep Water Cay | City/Town/Settlement: _____ |
| <input type="checkbox"/> Water Cay | City/Town/Settlement: _____ |

Items Eligible(Please check all applicable blocks):

- | | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Air Conditioning Units | <input type="checkbox"/> Manufacturing equipment |
| <input type="checkbox"/> Building Materials | <input type="checkbox"/> Medicine and Medical Supplies |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Mosquito Netting |
| <input type="checkbox"/> Clothes, Shoes, Hat, Belt, Socks, Stockings, Gloves, Scarves | <input type="checkbox"/> Office Supplies & Equipment |
| <input type="checkbox"/> Cots, Beds & Bedding Materials | <input type="checkbox"/> Personal Hygiene Products |
| <input type="checkbox"/> Electrical fixtures and materials | <input type="checkbox"/> Pest Control Supplies |
| <input type="checkbox"/> Electrical generators | <input type="checkbox"/> Plumbing fixtures and materials |
| <input type="checkbox"/> Fishing Equipment & Supplies | <input type="checkbox"/> Protective & Safety Gear |
| <input type="checkbox"/> Farming/Fishing Equipment & Supplies | <input type="checkbox"/> Replacement Boats |
| <input type="checkbox"/> Fruit & Vegetable Juice | <input type="checkbox"/> Replacement Boat Engines |
| <input type="checkbox"/> Hardware Supplies | <input type="checkbox"/> Replacement Motor Vehicles, Golf Carts and Motorcycles * |
| <input type="checkbox"/> Household furniture, furnishings and appliances | <input type="checkbox"/> Solar Panels |
| <input type="checkbox"/> Landscaping Supplies | <input type="checkbox"/> Tents |
| | <input type="checkbox"/> Unprepared food items of all types (including packaged and processed) |
| | <input type="checkbox"/> Water |

**Subject to additional conditions and requirements*

SECTION B: TO BE COMPLETED BY APPLICANT FOR VEHICLE OR BOAT REPLACEMENT

Make, Model & Year of Replacement Vehicle/Boat: _____

Value of Replacement Vehicle/Boat: _____

Port of entry for Replacement Vehicle/Boat: _____

If replacement will be imported at a later date, please tick box: Yes No

**Please Note: Individuals or businesses who are importing replacement vehicles at a later date should retain the approved Form until the vehicle is imported.*

SECTION C: TO BE COMPLETED BY BAHAMAS CUSTOMS DEPARTMENT

Description of damaged vehicle/boat

PLEASE TICK APPROPRIATE BOX: Automobile Golf Cart Motorcycle Boat

Make: _____

Model: _____

Year: _____

VIN: _____

Chassis No: _____

Serial No: _____

Customs Officer Signature/Stamp: _____

SECTION D: DECLARATION BY APPLICANT

Any person who knowingly imports any goods pursuant to this application, but for the purpose other than as specifically provided for under the application, or makes any other written or oral statement which he knows or has reason to believe to be false in a material particular shall be liable to fines, penalties and forfeiture of goods and all taxes accruing thereon.

I certify that the above information that has been provided is true.

Signature of Applicant

Date

Ministry of Finance Approval Granted

Yes

No

For/FINANCIAL SECRETARY