



Standing Authority for Agent/Freight Forwarder(s) to request Deferment of Duty Payment against Importer's Deferment Approval Number (DAN)

THIS FORM IS TO BE COMPLETED & SUBMITTED BY THE DEFERMENT APPROVAL NUMBER (DAN) HOLDER IN ALL CASES (PLEASE COMPLETE IN CAPITALS)

Send to: H.M. Customs & Excise, Central Deferment Office, ASD8D, 10th Floor South East, Alexander House, 21 Victoria Avenue, Southend on Sea, Essex SS99 1AA (or fax: 01702 36 6091)

(Name of person or firm applying for/holder of Deferment Approval Number)

*I/We

(Address)

of

Town

County

Post Code

(Telephone number)

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code number

**UK VAT Registration Number

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declare that

- *I/We are the **holder(s)** of Deferment Approval Number (DAN)

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- *I/We have **applied** for a Deferment Approval Number and hereby authorise the † agents/freight forwarders shown below to quote this Approval Number when requesting deferment of the charges on all goods imported or removed from warehouse or free-zone by me/us.

Signature

Date

	/ /
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***Status

Key

* delete as necessary

** If there are any changes to your VAT Registration number, please notify the Central Deferment Office at the above address, immediately. Failure to do so could result in delays in the use of your deferment facility.

*** This form must be signed by the importer/proprietor if an individual, by a partner in case of a partnership, or by a director or the secretary in the case of a limited or other incorporated company.

† Insert here the total number of agents/freight forwarders listed.

For Official Use

Document Input Checked
Date / /

Agent/Freight Forwarder(s) Name, Address and VAT Registration Number

Please ensure the agent/freight forwarder's VAT numbers are correct. Incorrect numbers will lead to delays in processing this information.

Please indicate below if each agent is to access your deferment balance

	Agent/Freight Forwarder(s) Name, Address and VAT Registration Number	Please indicate below if each agent is to access your deferment balance
1		Key: Y - Yes N - No <input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>
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Please continue overleaf

IMPORTANT:

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5	Key: Y - Yes N - No
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