

# St. Kitts & Nevis Customs Department

## Voluntary Disclosure Form

**Instructions:**

- (i) This form will take about 10 minutes to complete.
- (ii) You will need the following information for the form
  - TIN/VAT Number
  - Entry Details (Reg. # and date)
- (iii) Please complete this form and return it via fax, email, hand or post.



**Federation of St. Kitts & Nevis Customs & Excise Department**

P.O. Box 1, Bird Rock, Basseterre  
Federation of St. Kitts & Nevis,  
Email: [vctf@skncustoms.com](mailto:vctf@skncustoms.com)

Telephone: 869-466-7227/7228  
Fax: 869-465-8519

**Website:** <http://www.skncustoms.com>

### PART I PARTICULARS (Fill in where applicable)

1. Company Name :			
2. Declarant Name and Number			
3. Company Address:		4. Telephone No :	5. Fax No :
		(Office)	
		(Mobile)	
6. Mailing Address:		7. Email :	
8. Name ( <i>Person completing form</i> ):		9. Designation/ Position :	10. ID/ Passport No:

### PART II DISCLOSURE DESCRIPTION (where applicable & attach separate annexes if necessary)

11. Brief description of discrepancy(s)							
12. Amount <b>Short Paid</b> to the Federation of St. Kitts & Nevis Customs and Excise Department				13. Amount <b>Over-Paid</b> to the Federation of St. Kitts & Nevis Customs and Excise Department			
Duty (\$)	CSC (\$)	VAT (\$)	Other Taxes (\$)	Duty (\$)	CSC (\$)	VAT (\$)	Other Taxes (\$)


14. Total amount short/over-paid (\$) :	15. Total amount Over-Paid (\$) :
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**PART III DECLARATION**

16. I .....  
[Full name of Authorized Person in BLOCK letters]  
 declare that the information given in this form is true and complete.

17. Signature :	18. Company Stamp (if applicable):	19. Date :
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**PART IV FOR OFFICIAL USE**

20. Unit Ref No (xxx/Year) :	21. Unit :
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22. Officer in Charge :	23. Signature & Date :
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