EAST AFRICAN COMMUNITY

## APPLICATION FOR REFUND OF DEPOSIT/CANCELLATION OF BOND

CLAIMANT: Name and Address .....

No. of packages	Description of goods	Quantity	Value (USD)	Amount deposited	Amount : (a) of bond or (b) allocated against general bond.	
DETAILS OF RE-EXPORTATION OR PERFORMANCE OF UNDERTAKING						
No. of packages	Description of goods	Quantity	Value (USD)	Place and Date of re-exportation or performance of undertaking		
		Total				
	packages	packages	packages	packages  Image: Constraint of the second	packages  Image: Constraint of the second	

## EAST AFRICAN COMMUNITY

C26 CUSTOMS

* I claim a refund of USD.	paid by me vide Receipt No date
* I request cancellation of the amount of USD	given under Bond security Nodated
Place Da	te
	Owner or Agent
	For Official Use Only
(a) Refund of USD	Authorized.
Checked and endorsed on entry	Refund Officer
	Date
Received this DayMonth	YearThe sum of USD (in figures)
(in words ) Dollars	in payment of the claim above.
Date	Signature of Authorized receiver
(b) Check and noted on entry. Adjustment of s	ecurity made on line Noin Bond Allocation Register No.
Checking Officer	Proper Office
	Date

\*Delete whichever is inapplicable