



Application for Customs Service Outside Regular Working Hours
Customs Management and Duties Act No.6 of 2010 #9(2)

This Form is to be submitted at least twenty-four hours prior to the time service is required.

Date: _____

Name of Applicant: _____

Service Required: _____

Date: _____

Time: _____

Location: _____

Estimated Length of Time: _____

Signature of Applicant: _____

FOR OFFICIAL USE ONLY

Time Started: _____ Time Ended: _____

Number of Officers Worked: _____

Name of Officer: _____ Badge# _____

Time Worked: _____

Signature: _____

Name of Officer: _____ Badge# _____

Time Worked: _____

Signature: _____

Time worked (hrs or part thereof): _____

Amount Due: _____

Certified Correct: _____ Date: _____