GOVERNMENT OF THE BAHAMAS
EXIGENCY ORDER OF SEPTEMBER 2ND, 2019
HURRICANE DORIAN
FORM (A)
IMPORTATION OF RELIEF GOODS
FOR THE PERIOD 2ND SEPTEMBER, TO 2ND OCTOBER, 2019

Name of Importer: __________________________________________ / ___________________________
   Last Name           First Name

Business Name (If Applicable) ________________________________________________________________

National Insurance #/Business TIN: _________________________________________________________

E-mail: __________________________________________ Telephone (Cell/Work):_________________

Address: ______________________________________________________________________________

What is the final destination of the goods?

Abaco    City/Town/Settlement: ______________________________
Abaco Cays City/Town/Settlement: ______________________________
Grand Bahama Island City/Town/Settlement: _________________________
Sweetings Cay City/Town/Settlement: ______________________________
Deep Water Cay City/Town/Settlement: ______________________________
Water Cay City/Town/Settlement: ______________________________

Relief Goods being imported (Please check applicable blocks):

*Medicine and Medical Supplies  Building Materials  Tents  Cots: ______________________________
Bedding Materials  Mosquito netting  Electrical fixtures and materials _______________________
Plumbing fixtures and materials  Household furniture, furnishings and appliancances _________
Electrical generator  Bottled water  Clothing  Food for personal Consumption __________________
Personal hygiene products  Other items – Approved by Ministry of Finance (Form B)  ____________

*Items must be approved by the Ministry of Health

Who is the donor? Which charitable organisation(s) are the goods being donated to?

_____________________________________________________________________________________

Any person who knowingly imports any goods, pursuant to this Declaration, but for the purpose other than as specifically provided for under the Declaration commits an offence and is liable to penalties and forfeiture of goods in accordance with Sections 268 and 292, of the Customs Management Act.

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

_____________________________________________________________________________________
Signature of Applicant          Date