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இறக்குமதி ஏற்றுமதி கட்டுப்பாட்டுத் திணைக்களம்
IMPORTS AND EXPORTS CONTROL DEPARTMENT

Form -TS
Application No:



Application for the Importation of Temporary Suspended Item/s (Cosmetics)

01. Name of Company

02. Contact details of the company representative

Name :

Mobile : Any:

03. Contact details of the company Tel Email

04. Payment Term (As per the invoice)

Advanced Payment ☐ DP ☐

DA (..... days) ☐ LC Usance (..... days) ☐

LC at Sight ☐

05. Payment will be made by

Accepted Foreign Currency Account ☐ Rupee Account (LKR) ☐

If any (Please specify)

06. Description of item's imported

| HS Code | Item/s | Value |
|---------|--------|-------|
| | | |
| | | |
| | | |
| | | |

07. Customer Declaration

| HS Code | Year | Average Value in (RS) | Annual Average USD Rate | USD Value |
|---------|------|-----------------------|-------------------------|-----------|
| | 2018 | | 162.540295 | |
| | 2019 | | 178.777605761317 | |
| | 2020 | | 185.523770539419 | |
| | 2021 | | 198.882418257262 | |
| | 2022 | | 324.550599166667 | |

50% of Annual Average CIF Value -

12.5% of CIF Value -

08.Total Value of the (Performa Invoice)

09.Proforma Invoice No. and Date No: Date:.....

10.Restricted value under TS

11.Purpose of the importation.
.....
.....
.....

12. I here by attached the following documents and declare that the particulars furnished by me are true and correct.

| | | | |
|---------------------|--------------------------|------------------------------------|--------------------------|
| Request Letter | <input type="checkbox"/> | NMRA Registration Certificate | <input type="checkbox"/> |
| NMRA Import License | <input type="checkbox"/> | Business Registration Certificate | <input type="checkbox"/> |
| Proforma Invoice | <input type="checkbox"/> | / Company Registration certificate | |

Other (Specify)

I declare that the particulars furnished by me are true and correct and requests to import the items mentioned at No.06 of the application.

| | |
|--|-------|
| | |
| Name and signature of authorized officer | Date |
| Designation: | |
| Seal | |

For office use only

| | |
|----------------|-------------------------|
| Request for | |
| Recommendation | |
| Approval | |