Code:				

Request for Transfer of Imported Steel Bars/ Steel Wires/ Steel Fabrics for Construction Purposes

Name o	of Importer	:									
Addres	SS :					Tel No.:			Fax No.:		
A. <u>Details of Consignment:</u>											
(i)	Expected Date of Arrival: Name of Vessel:										
(ii)	Total Quan	itity Impo	ty Imported: Mtons Country of Origin:								
()	Size	6mm	8mm	10mm	12mm	16mm	20mm	25mm	32mm	40mm	\neg
	Mtons										
(iii)	Type of Im	port *:					(iv)	Standa	rd Applica	ble *:	
	No. of Containers		Break Bulk				MS	5 10			
	No. of Bundles		No. of Bundles				—	34			
	No. of Coi	ls		No. of Co	ils			MS	35		
(v)	v) Bill of Lading No.: (vi) Invoice No. and Date:										
(vii)	Request fo	r nermiss	ion to tran	nsfer above	e consignr	ments fro	m Custom	s premises	to		
(,		. po						р. с			
		••••••			••••••	•••••			••••••	••••••	
*(tick as	appropriate)										
В.	<u>Undertakir</u>	<u>ng</u>									
I, the u	ndersigned,	undertak	ke to ensui	re that:							
(i)	the contair	ners/bund	dles/coils d	once trans	ferred froi	m Custon	ns to my tr	ade premi	ses/wareh	ouse sha	ll be kept
	inder the original seals from Customs/ Consumer Affairs Unit until sampling exercise and testing are completed.										
	ii) in no circumstances, I shall cause the containers/bundles/coils to be unstuffed, removed or tampered with while being in my custody until results from the Mauritius Standards Bureau certify compliance with MS 10/MS										
34/MS	35.	-						-			
(iii) the Cor	in case the nsumer Affa		s/wires fai	il to compi	ly with the	estandar	ds, i shall s	nip back sa	ame undei	r the supe	ervision of
I under	stand that,	should I f	ail to comp	ply with th	e above, I	shall be	iable to pr	osecution.			
Name (Full):				IC	No:					
Date:					Si	gnature	& Seal:			•••••	,
C.	Verification	n before	<u>Transfer</u>								
(For Of	fice Use - Co	nsumer A	Affairs Unit	t)							
(i) Date	application	received	l:			Veri	fied by SCA	AO (Name)	:		
(ii) Doc	uments enc	losed:									
(a)	Bill of Ladir	ng			(c	:) Pa	cking List				
(b)	Invoice				(c	d) Mi	ll Test Cert	ificate			
										P.	T.O

C. (iii) Recommendations of Senior Consumer Affairs Officer:								
Date: Signature:								
(iv) Approval by Head Consumer Affairs Unit								
Approved/ Not Approved								
Date: Signature:								
(v) Letter of Approval								
Issued by Senior Consumer Affairs Officer on								
(vi) Transfer from Customs:								
Date transferred: under supervision of Consumer Affairs Officer								
D. <u>Tests</u>								
Samples taken and submitted to MSB on by Consumer Affairs Officer								
Result*: Pass Fail Job Code No dated: dated:								
Retest on by Consumer Affairs Officer								
Result*: Pass Fail Job Code No dated: dated:								
*(tick as appropriate)								
E. <u>Release</u>								
CAU seal removed and goods released on under supervision of Consumer Affairs Officer.								
Name: Signature: Signature:								
F. Ship Back								
(i) Importer (Name) acknowledged to ship back on								
(ii) Consumer Affairs Officer designated to supervise ship back by Head, Consumer Affairs Unit.								
Name: Date : Signature:								
(iii) Shipped back on under supervision of Consumer Affairs Officer.								
Name: Signature:								