ZIMBABWE REVENUE AUTHORITY CUSTOMS AND EXCISE

RCD Form

REQUEST FOR CLASSIFICATION DECISION

(* Pre-In	nportation/ Post imp	portation) * De	elete Inapplicable			
То:	Regional Manager					
	Name of Controlling Port					
Name of	Importer and Addre	ess:				
Importer	's (a	a) Refere	ence:			
	(1)	b) Tel. N	Vo:			
	(0	c) Telex	/Fax/email address:			
Importer	's Classification Op	oinion: HS Co	de:			
importer	s Reasons:					
Attachme	ents: (1)			(4)		
	(2)					
	(3)			(6)		
Sig	gnature of applicant					



ZIMBABWE REVENUE AUTHORITY CUSTOMS AND EXCISE

RCD Form

FOR OFFICIAL USE ONLY

TO: Commissioner- Customs & Excise	Reference					
Date Submission Received	Date Referred to I	łQ				
Additional Information on the Customs Commodity Description (if any):						
Classification Comments						
Classification Recommendations:						
Regional Manager- Customs & Excise HEAD OFFICE USE ONLY						
Date Received						
Commissioner's Decision: HS Code:						
Reasons:						
		DATE STAMP				
For Commissioner-Customs & Excise						