## FORM 17 (See rule 35)

## Return of clearing, forwarding, transporting, shipping, etc.

	Name and addre agent/shipping			agent	or	steamer		ag	gent
the periods to which return relates.									
Sl. No.	Date of clearing, forwarding, transporting shipping	Name and full address of the	Name and full address of the consignee		Description of goods	Quantity No. of packings	Weight	Value of Goods	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	<u>(7)</u>	(8)	(9)	(10)
DECLARATION  I/We									
return is true and correct and that it relates to the period of									
	Place: Date:					Name and signature: Status of the person signing.			