THE BARBADOS CUSTOMS AND EXCISE DEPARTMENT

PREPAYMENT DEPOSIT SLIP

ACCOUNT TYPE	ACCOUNT NUMBER	AMOUNT
General Prepayment		
Overtime		
Special Deposit		
		TOTAL:

REQUEST CONFIRMATION

I the undersigned hereby request to deposit the total amount of BBD…… as per the account(s) listed above.

DEPOSITOR'S NAME_____ DEPOSITOR'S SIGNATURE _____

_____

DATE