



BARBADOS CUSTOMS & EXCISE DEPARTMENT CLASSIFICATION COMMITTEE

For Official Use Only

Date of receipt:

Application number:

Date Accepted:

Application for a Tariff Classification Ruling

PART A

APPLICANT'S DETAILS

Applicant's name: _____ Applicant code: _____

Applicant's address: _____

Address for correspondence (if different from above): _____

Agent (where applicable): _____

Contact person: _____ Telephone: _____

Email address: _____

PRODUCT/ITEM DETAILS

Full description of the particular goods:

Composition of the goods: _____

Use of the goods: _____

In what form are the goods imported: _____

Name and address of manufacturer/Place of manufacture:

Classification currently in use: _____

Samples provided: Yes ☐ No ☐

Documents provided: _____

Other remarks: _____

APPLICANT/AGENT SIGNATURE

Signature: _____

Print name: _____

Dated: _____



Committee Ruling

:

PART B

Applicant: _____ Applicant code: _____

Agent (where applicable): _____

Item classified: _____

Previous HS code (if any): _____

HS code to be applied: _____

Criteria and rules used to classify goods:

Chairman Customs Classification Committee

Dated:

Signature: _____

Print name: _____

An appeal can be made to The Comptroller of Customs within thirty (30) days of receipt of this ruling