

Pre-Intimation for Prompt Clearance of COVID related items

* Required

Bill of Entry (BE) Number *

Your answer

Name of Importer *

Your answer

BE Date *

Date

dd-mm-yyyy

Airport/ Port of Import *

Your answer

Kindly provide a brief description of goods and end-use in COVID-19 treatment/ relief operations *

Your answer



Custom Broker name

Your answer

Email Address *

Your answer

Mobile Number *

Your answer

Submit

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