

Telephone #: _____
Email Address: _____
Physical Address: _____
P.O. Box: _____ KY__ - _____

Note:

Please send a colored copy of your Driver's License or Passport when returning the form.



**Customs & Border Control
#42 OWEN ROBERTS DRIVE
P.O. BOX 898
GRAND CAYMAN KY1-1103
Telephone: (345) 949.4579
Fax: (345) 945-1573**

TO: DIRECTOR OF CUSTOMS & BORDER CONTROL

FROM: _____

APPOINTMENT OF AGENT FORM

SECTION 41 (1) – CUSTOMS & BORDER CONTROL LAW

I/WE, _____

OF _____

Hereby appoint STA-MAR ENTERPRISES

**To act as my/our Agent for the purpose of landing, clearing & shipping goods
Into or from the Cayman Islands.**

**This appointment is to take effect immediately and is to remain in effect until
Further advised by me/this office.**

Signed: _____

Date: _____