**Schedule I**

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| **Sri Lanka Customs****APPLICATION FOR ADVANCE** **CLASSIFICATION RULING** | For Office Use Only**Application No : CC / AR / 2025 / ……..****Date of Acceptance :** |
| **1.) Details of the Applicant** |
| 1. Name / Company name and address
 |  |
| 1. Importer / Exporter / Other, registration number (TIN / VAT / NIC No.)
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| --- | --- | --- | --- | --- | --- |
| Importer |  | Exporter |  | Other |  |

TIN / VAT / NIC No. |
| **2.) Details of the Commodity** |
| a. Full trade description of the CommodityGeneral name / Brand / Model / Volume / Measurement/Composition / brand new or used etc.. (depending on the applicability) |  |
|  b. Details of submitted samples and literature (put a “√” where applicable and overleaf the scanned clear photograph / image) |  Samples |  | TDS |  | Photographs |  |
| Manufacturing process |  | MSDS |  | Plan (site, floor) |  |
| Ingredient composition |  | Analytical report |  | Mill report |  |
| \*All the documents should be authenticated before submitting | Catalogues  |  | Other  |  |  |  |
|  c. Intended Usage |  |
|  d. In what form is it imported / exported. |   |
| 3.) Confidential information of the goods (If “yes”, please provide details) |   |
|  |
| 4.) Whether any previous internal classification advice has been obtained or the goods are related to an investigation, appeal or any other review by Customs or other government agency or court?(If “yes”, please provide details) |  |
| 5.) Manufacturer's or supplier's name, address & web  |   |
| 6.) HS code in applicant's opinion and reasons therefor |   |
|  |
| 7.) Has previous Advance ruling or decision been obtained for this commodity? If yes, indicate the Ref. No. and the HS code: |  |
|  |
| 8.) Name, email and Mobile no. of the Contact Person |  |
| 9.) I affirm / swear and declare that all the information provided is true and accurate to the best of my knowledge and belief. Applicant’s Name & contact details : E mail : Signature & Stamp : Date : |
| **FOR OFFICIAL USE ONLY**  |
| **CUSTOMS ADVANCE RULING VALID FOR TWENTY FOUR (24) MONTHS, FROM THE DATE OF ISSUE UNLESS OTHERWISE REVISED OR REVOKED** |
| 1.) Customs payment receipt No.: Date:  |
| 2.) Most appropriate HS Code : |  |
| 3.) Comments: **This Advance ruling is valid for the above described product only.** |
| 4.) Date of issue : |   |
|  |   |
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|   |   |
| **SENIOR DEPUTY DIRECTOR OF CUSTOMS** **(Commodity Classification Branch) sgd. DIRECTOR OF CUSTOMS (Specialized Services)**  **FOR DIRECTOR GENERAL OF CUSTOMS** |
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**Coloured Photograph and other relevant Details**

Applicant’s Signature & Stamp : Date :