******SAINT LUCIA AIR AND SEA PORTS AUTHORITY******

The General Manager
Saint Lucia Air & Sea Port Authority
P.O. Box 651
Castries
Saint Lucia

Date: _____

RE: APPLICATION FOR WAIVER OF RENT

Dear Sir:

I/We hereby apply for a waiver of excess storage charges totaling $ _____as at ___/___/____ on container(s)/packages_____

Ex. M.V. _____of ___/___/_____ for the following reason(s)_____

_____

_____

_____

Many thanks for your consideration.

_____ _____

IMPORTER (Block Letters) Signature: IMPORTER/AGENT
Address _____
Telephone #_____

FOR OFFICIAL USE ONLY

Please be advised that your application for waiver:

☐ Has been denied

☐ A _____ % waiver of the above storage charges has been granted.

_____ Date: _____

GENERAL MANAGER

FILL OUT IN DUPLICATE WITH ALL SUPPORTING DOCUMENTS

Note: óAô Forms from the Shipping Department must be attached.