दूरभाष/**TELEPHONE : 25254463**
फैक्स/**FAX : 044-25221861**
www.chennaicustoms.gov.in
ईमेल/Email : dpdrms@gmail.com

(आई.एस.15700:2005(सेवोत्तम) प्रमाणित)
(IS 15700:2005) SEVOTTAM)
Certified)

भारतसरकार
GOVERNMENT OF INDIA
वित्तमंत्रालय, राजस्वविभाग,
MINISTRY OF FINANCE, DEPARTMENT OF REVENUE
आयुक्तसीमाशुल्ककाकार्यालय, चेन्नै- IV
OFFICE OF THE COMMISSIONER OF CUSTOMS, CHENNAI – IV
60, राजाजीसालै, सीमाशुल्कभवन, चेन्नै-600 001.
60, RAJAJI SALAI, CUSTOM HOUSE, CHENNAI -600 001.

F.No. S.Misc. 04 /2017 – DPD-RMSFC   Date:-   .   .2017

To
M/s   _____
         _____
         _____
         _____

Gentlemen,

Sub: LETTER OF PERMISSION (e – LOP) FOR DIRECT PORT DELIVERY - reg.

Please refer to your online application requesting to grant permission for Direct Port Delivery (DPD) to your goods arriving at CHENNAI, KATUPALLI and ENNORE Port. In this regard, it is informed that you are permitted DPD facility to take your containers directly from port terminals of CHENNAI and KATUPALLI Ports subject to following:

i.   The DPD Procedure mentioned in Facility Circular No.____/2017 dated _____ should be followed.

ii.   Monthly Report in Annexure-C to facility circular no. _____   shall be submitted.

iii.   You are advised to complete the process of AEO certificate within one year and to intimate this office about the status of the AEO application.

iv.   DPD permission may be withdrawn by the competent authority, at any time in case of failure for adherence to conditions or any violation.

Yours   sincerely

-Sd/-

(M.RAMESH)
DY. COMMISSIONER OF CUSTOMS
DPD- RMSFC

(NOTE : This is digital document . The physical signature on the document is not necessary. Online generated registered Serial Number of the LOP (for custom purpose) is ____

REGISTERED DETAILS OF DPD CLIENT

Name of the Importer :

Office address of the Importer:

IEC number:

Name and designation of Importer Representative:

Mobile Number:

Email:

Name of the preferred CFS ,if the container is not RMS facilitated:

Has AEO status: (Y/N): Yes (TIER –N)

Authorised CHA name(if any):

Authorised CHA mobile(if any):

Authorised CHA email(if any):

Authorised CHA name(if any):

Authorised CHA mobile(if any):

Authorised CHA email(if any):

No of Attached documents : -