



**SOUTH AFRICAN REVENUE SERVICE:
GENERAL APPLICATION FOR DRAWBACK / REFUND**

A. FOR COMPLETION BY CONTROLLER OF CUSTOMS AND EXCISE

A1: Approval by Controller

Alphabetical district office code <i>Name of Refund Officer</i> <i>Signature of Refund Officer</i>
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A2: Claim particulars

Date of receipt	Date of receipt	Date of receipt	Date of receipt	Claim date and number
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B. FOR COMPLETION BY APPLICANT

B1: Applicant information

Name	Code No:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				
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B2: * Importer Owner Exporter information (mark one block with an X)

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Address	For *applicant's / importer's / owner's / exporter's use:																					

B3: Summary of amount(s) claimed

Type of duty/revenue	Rand	Cent	Type of duty/revenue	Rand	Cent																																																																																
Customs Duty	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					Excise Duty	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				
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B4: Particulars of document under cover of which payment was made

Form No. (e.g. SAD500)	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					Customs Declaration CPC (e.g. A 11-00)	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				
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Date on which payment was effected	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>Ⓒ</td><td>Ⓒ</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr> </table>	Ⓒ	Ⓒ	Y	Y	M	M	D	D	Alphabetical district office code	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																
Ⓒ	Ⓒ	Y	Y	M	M	D	D																																				

C. FOR COMPLETION BY BOOKKEEPING (H/O)

Financial Voucher No.	Electronic Fund Transfer No.	Cheque No.	Financial Voucher / Cheque / EFT Date
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* Delete which is not applicable
 ** VAT means value added tax paid in terms of the Value Added Tax Act, 1991 (Act No. 89 of 1991).

B. FOR COMPLETION BY APPLICANT (continue from page 1)

B5: Type of Refund

Please indicate the type of refund with an "X" in the appropriate box

Overplus		General refunds i.t.o. section 76	
Drawback (Part 1, Schedule 5)		Committed an error in calculating duty	
Goods exported in the same condition as imported (Part 2 Schedule 5)		Assessed duty on value higher than value for duty purposes	
(Part 3 Schedule 5)	Goods destroyed in unavoidable circumstances	Incorrect tariff classification / tariff determination under section 47 (9)	
	Goods abandoned	Goods having been damaged, destroyed or irrecoverably lost prior to release	
	Goods used for the manufacture of excisable goods	Short landed, short shipped or short packed goods	
Refund by Licensed Distributor		Adjustment of bill of entry i.t.o. section 40 (3)	
Refund of excise duty (Schedule 6)		Other (please specify):	
Drawback of excise duty (Schedule 6)			

B6: Documents to prove claim

The following documents to prove this claim are attached to page 3:

B7: Indemnity

In consideration of this claim being paid *I / we (Applicant),
 herein represented by (Person's full name),
 in *his / her capacity as , *he / she being duly authorised to furnish this
 indemnity, hereby agree and undertake to hold harmless and keep indemnified the Office of the Commissioner for the South African Revenue
 Service against any claim, loss or damage, cost and expenses, arising from any cause whatsoever which may be made against, or sustained or
 incurred by the said office, as a result of payment of this claim.

Signed on this..... day of the month (ccyy)
 At (Place) Signature

B8: Grounds for claim

Important note:- It is of the utmost importance that the reasons advanced for this claim be fully motivated and set out hereunder. It is incumbent upon the applicant to explain clearly why a refund is due and to ensure that the claim is proved by means of other supporting documents. If these requirements are not strictly adhered to, the claim will be rejected and may become time-expired.

I, (Person's full name),
 on behalf of the (Applicant's name)
 declare that I am duly authorised to make this declaration; that the grounds for this claim and the particulars entered herein and which are referred to, are true and correct and that the applicant is entitled to a refund of the amount hereby claimed.

Signed on this day of the month (ccyy)
 At (Place) Signature

* Delete which is not applicable

A. FOR COMPLETION BY CONTROLLER OF CUSTOMS AND EXCISE (continue from page 1)

A3: Query to applicant

To whom it may concern,
This refund claim cannot be entertained for the under-mentioned reasons. If this claim is re-submitted, you should use the same refund jacket and lodge it with the Controller of Customs and Excise.

Your attention is invited to sections 75(14), 76(4) and 76B of the Act and item 522.03 of Schedule No. 5 in regard to the prescriptive period in which claims may be lodged.

D. FOR COMPLETION BY HEAD OFFICE

D1: Query to Controller

D2: Approval of claim

Audited by:

.....

Date:

Signature

Approved by:

.....

Date:

Signature