

**RETURN IN RESPECT OF \*SPIRITS / \* FORTIFIED WINE / \*UNFORTIFIED WINE  
RECEIVED AND USED UNDER REBATE OF DUTY IN TERMS OF ITEM .....**

(\*DELETE WHICH IS NOT APPLICABLE)



**DA 133**

**REGISTERED REBATE USER DETAILS:**

Registered Name:

Excise Rebate Number:

DATE OF MANUFACTURE:

.....20.....

Opening Balance .....

Plus: Receipts: - Form DA 32 / DA 33A No..... Date.....

- Form DA 32 / DA 33A No..... Date.....

- Form DA 32 / DA 33A No..... Date.....

: Surplus on Receipt.....

TOTAL .....

Less: Loss on Receipt .....

TOTAL ON HAND .....

Less: Closing Balance .....

QUANTITY TO BE ACCOUNTED FOR .....

Less: Used .....

DIFFERENCE (\*Surplus / \*Loss) .....

(\*Delete which is not applicable.)

A. I declare that the particulars herein are true and correct and that the preparations detailed below were made strictly in accordance with the manufacturing formulae and methods which shall be made available to the Controller on demand.

Date

Signature of Registrant

Capacity

B. I declare that the medicinal preparations detailed below were made under my immediate supervision and strictly in accordance with the manufacturing formulae and methods approved by the Commissioner for SARS.

Date

Signature of Registered Chemist and Druggist

**PARTICULARS OF MANUFACTURE**

FORMULA No.	NAME OF PREPARATIONS	SPIRITS USED			PREPARATION MANUFACTURED		
		STRENGTH	BULK LITRES	ABSOLUTE LITRES			

C. I declare that the above-mentioned \*surplus / \*loss was caused by .....

(\*Delete which is not applicable)

Signature for Registrant

Capacity

**FOR OFFICIAL USE ONLY**

Officer's Report

Instruction i.r.o. Surpluses / Losses / Irregularities

Officer in charge, Security Inspections

Date