

APPLICATION TO MAKE PROVISIONAL PAYMENT

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1. Applicant	details (* Ma	ark app	ropriat	e box	with an "	X")															
Name:																					
Client Code No	:																				
Client File Reference No:																					
Importer:			Expo	rter:			Other	r (speci	fy):			1	1	1		<u> </u>	ı				ı
2. Payment details (*Insert only the applicable purpose code)																					
Purpose:	*Code	9				Registration number and date received:															
Possible penal	ty (PEN):																				
Forfeiture (FOF																					
Other (OTH):																					
Amount	Cent				•	Amount in words															
Branch Office:																					
3. Circumstances of or reason for the application																					
Circumstances of or reasons for the application (including, in the case of a deposit as contemplated in section 91 of the Customs and Excise Act, 1964, the section(s) contravened or not complied with) and a description of the transaction involved																					
4. Declaration	4 Declaration																				
I, for and on behalf of																					
with the requir					se Act. 19																
with the requirements of the Customs and Excise Act, 1964, and the rules in respect of the goods or circumstances to which this payment relates within the understated period determined by the Branch Manager.																					
Signature Capacity						Place								Date (CCYYMMDD)							
5. Clearance	details																				
Movement Reference No (MRN):									Date(C	CCYYN	MDD):										
	Sup	plier :									of (Co	ountry):									
Marks and nun description of p	and	Coun of orig		Tariff subhead	ading/item			ription an s for duty					Value R	Duty				VAT	VAT		
				J									, r		F	Rand	Cent	t	Ra	nd	Cent
6. Application in terms of section 91																					
For the purposes of section 91, I, for and on behalf of, being																					
duly authorised to sign this declaration, hereby –																					
(a) apply for the matter stated in the circumstances column above to be determined by the Commissioner;																					
(b) agree to a	bide by the Co	mmissi	oner's o	decisio	n; and																
(c) deposit the amount required by the Commissioner.																					
Signature			(Capaci	ty				 Pla	ace					 Dat	te (CC	YYMM	 DD)			
DA 70 date):							DA 70 number:													



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FOR OFFICIAL USE ONLY										
The provisional payment may be accepted provided the relevant requirements are complied with within(period)										
	Designation	Signature	Date (CCYYMMDD)							
	Disposal in	nstructions								
The amount of Rmay be refunded to the depositor										
The amount of Rmay remain in the account										
The amount of Rmay be estreated to revenue										
Print Name D	Designation	Signature	Date (CCYYMMDD)							
Type of payment transaction	Transaction	reference No	Transaction date (CCYYMMDD)							
	Officer's	s Report								
Print Name	Designation	Signature	Date (CCYYMMDD)							