| 7 | SARS | EXCISE ACC | OUNT | T TOBACCO PRODUC (VM) - MANUFACTURING W | | | | | | | DA 260 | | | | | | | | | | | |
|---|----------------------------------|----------------------|----------------------|---|-----------|-----------|-------------------------------|--------------------|--|-----------------------|-------------------------------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|--|
| LICENSED WAREHOUSE NAME PHYSICAL ADDRESS | | | >>>> >>>> >>>> | | | | | | WAREHOUSE NUMBER >: EXCISE CLIENT CODE >: YEAR & MONTH(S) >: | | | | | | | | | | | | | |
| | | | >>>> | | | | FROM DATE >>>> TO DATE >>>>> | | | | | | | | | | | | | | | |
| PRODUCT CODE | | | | ст | ОВ | PTOB | | PTOB | | CI | GS | CGAR | | нтов отов | | ITOB | | | ITOB | | | |
| TARIFF ITEM(S) | | | 104.35.05 | 104.35.15 | 104.35.01 | 104.35.02 | 104.35.03 | 104.35.17 | 104.30.07 | 104.30.15 | 104.30.03 | 104.30.11 | 104.35.09 | 104.35.19 | 104.37.05 | 104.37.11 | 104.37.15 | 104.37.07 | 104.37.13 | 104.37.17 | | |
| TARIFF ITEM(S) | | | | | | | | | | | | | | | | | | | | | | |
| STATISTICAL UNIT | | | | KG | | KG NET | | KG NET | | CIGARETTES | | KG NET | | KG KG | | STICKS | | | KG | | | |
| Plus Plus Plus = Less | Opening Balance | | | | | | | | | | | | | | | | | | | | | |
| | | | DA 260.01 | | | | | | | | | | | | | | | | | | | |
| | Receipts From C&E Warehous | ises | DA 260.02 | | | | | | | | | | | | | | | | | | | |
| | Returns Of Duty Paid Stock | | DA 260.03 | | | | | | | | | | | | | | | | | | | |
| | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | |
| | | | DA 260.04 | | | | | | | | | | | | | | | | | | | |
| Less | | | | | | | | | | | | | | | | | | | | | | |
| - | Total On Which Duty Must Be Paid | | | | | | | | | | | | | | | | | | | | | |
| | | | | | * | | | | * | | DUTY C | ALCULATION | | | | | | | | | | |
| EXCISE VALUE FOR DUTY PAID REMOVALS (| | er tariff item) | | | | | | | | | | | | | | | | | | | | |
| TOTAL: EXCISE VALUE FOR DUTY PAID REMOVALS | | R - | | | | | | | | | | | | | | | | | | | | |
| DECLARATION | | N | | | | | | | | | | | | | | | | | | | | |
| I (Name | & Surname) | | Dutiable QTY | | | | | | | | | | | | | | | | | | | |
| IN MY C | APACITY AS | | Rate of Duty | | | | | | | | | | | | | | | | | | | |
| FOR (Licensee Name) | | | Duty Payable | | | | | | | | | | | | | | | | | | | |
| | | | Overpayment | | | | | | | | | | | | | | | | | | | |
| | | | Underpayment | | | | | | | | | | | | | | | | | | | |
| 1 | | | Returns of DP stock | | | | | | | | | | | | | | | | | | | |
| HEREBY DECLARE THAT ALL INFORMATION SUPPLED ON THIS DOCUMENT IS TRUE AND CORRECT. | | | | | | | | | | S EXCISE DUTY PAYABLE | | | | | | | | | | | | |
| | | | | | | | | Less | Gross Over-Paymer | | | | | | | | | | | | | |
| | | | | | | | Less | Gross Returns Of D | uty Paid Stock | · | · | | · | · | | · | | · | · · | | | |
| | | | | | | | | | SUBTOTAL | | | | | | | | | | | | | |
| | | | | | | | | Plus | Gross Under-Payme | | | | | | | | | | | | | |
| | IGNATURE | DATE | | | | | | - | NETT EXCISE DUTY PAYABLE | | | | | | | | | | | | | |
| | | | | • | | | | | | AL USE ONLY | | | | | | | | | | | | |
| | CONSOLIDATED | D ASSURANCE ACTIVITY | | NAME | | SIGNATURE | | DATE | | | DATE RECEIVED | | | | | | | | | | | |
| | DECLARATIONS Accep | | epted | | | | | | | | | | | | | | | | | | | |
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| | Compli | | ce Checked | 1 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | (OFFICIAL DATE STAMP AND SIGNATURE) | | | | | | | | | | | |