

SARS		EXCISE ACCOUNT		TOBACCO PRODUCTS (SOS) - SPECIAL STORAGE WAREHOUSE										DA 260					
LICENSED WAREHOUSE NAME >>>> PHYSICAL ADDRESS >>>> >>>> >>>>		WAREHOUSE NUMBER >>>> EXCISE CLIENT CODE >>>> YEAR & MONTH(S) >>>> FROM DATE >>>> TO DATE >>>>																	
PRODUCT CODE TARIFF ITEM(S)		CTOB		PTOB		PTOB		CGS		CGAR		HTOB		QTOB		ITOB		ITOB	
		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
STATISTICAL UNIT		KG		KG NET		KG NET		CIGARETTES		KG NET		KG		KG		STICKS		KG	
Opening Balance																			
Plus Receipts From CAE Warehouses		DA 260.02																	
= SUBTOTAL																			
Less Non-Duty Paid Removals		DA 260.04																	
= Closing Balance																			
DECLARATION																			
(Name & Surname) _____ In MY CAPACITY AS _____ FOR (Licensee Name) _____ HEREBY DECLARE THAT ALL INFORMATION SUPPLIED ON THIS DOCUMENT IS TRUE AND CORRECT.																			
SIGNATURE _____		DATE _____		FOR OFFICIAL USE ONLY															
CONSOLIDATED DECLARATIONS			ASSURANCE ACTIVITY		NAME		SIGNATURE		DATE		DATE RECEIVED								
Code	Number	Date	Accepted																
			Face Checked																
			Compliance Checked																
										(OFFICIAL DATE STAMP AND SIGNATURE)									