



**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	.....	.....
	Name of Refund Officer	Signature of Refund Officer

**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:										
Address																					
Name of Bank:																					
Branch Name:											Branch Code:										
Type of Account:											Account number:										

**B2: \*  Importer  Owner  Exporter information (mark one block with an X)**

Name											Code No.										
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							Excise Duty						
Anti-Dumping Duty							Duty: Sch. 1 Part 2B						
**VAT							Other						
Total amount claimed													

**B4: Particulars of document under cover of which payment was made**

Form No. (e.g. SAD500)						Customs Declaration CPC (e.g. A 11-00)						
MRN												
Date on which payment was effected	Ⓒ	Ⓒ	Y	Y	MM	MM	DD	DD	Alphabetical district office code			

**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**

		General refunds i.t.o. section 76	
Overplus			
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



