



**SOUTH AFRICAN REVENUE SERVICE**  
**GENERAL APPLICATION FOR CUSTOMS REFUND: VOUCHER OF CORRECTION**  
**SUBMISSION OF DOCUMENTS IN TERMS OF RULE 76.04**

**A. CLAIM PARTICULARS**

LRN:  
MRN:

Case number:

**B. APPLICANT INFORMATION**

**B1: Applicant information**

Name

Customs Code

Address

**B2: Type of Refund**

**Please indicate the type of refund with an "X" in the appropriate box**

|  |  |   |  |
|--|--|---|--|
| Assessed duty on value higher than value for duty purposes               |  | Committed an error in calculating duty                                      |  |
| Incorrect tariff classification/tariff determination under section 47(9) |  | Goods having been damaged, destroyed or irrecoverably lost prior to release |  |
| Short landed, short shipped or short packed goods                        |  | Adjustment of bill of entry i.t.o. section 40(3)                            |  |
| <b>Other (please specify):</b>   |  | Goods abandoned   |  |

**B3: Applicant 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 Commissioner 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  
 Commissioner, as a result of payment of this claim.

Signed on this..... day of the month ..... (ccyy) .....at .....(Place)

.....  
 Signature

**B4: 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 ..... (Applicant's name)  
 declare that I am duly authorised to make this declaration; that the grounds for this claim and the particulars entered herein  
 which are referred to, are true and correct and that the applicant is entitled to a refund of the amount of R..... that  
 is hereby claimed.

Signed on this..... day of the month ..... (ccyy) .....at .....(Place)

.....  
 Signature