

APPLICATION FOR *SPECIAL / *EXTRA ATTENDANCE

(Rules 120.01 to 120.07)

DA 73

Serial Number:

(*Delete which is not applicable and sign in full)

The Controller of Customs and Excise:	Client Particulars: SARS Client No.: Name: Postal address: Contact person: Telephone No.: Fax No.:
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I,(full name in block letters), *client / being duly authorised by the client, hereby

(1) apply for the attendance of (number) officer(s) at.....(physical address) between the hours of and on (yy/mm/dd) for(state nature of service required);

(2) (a) *agree to pay the amount due for such attendance / *require such attendance for purposes stated in rule 120.06 for which no attendance charge is prescribed.
 (b) *The amount due must be paid in cash or by bank guaranteed cheque or through the electronic transfer of funds.

(If application is not made in a representative capacity, delete "being duly authorised by the client")

Application for attendance of officers *approved / *not approved

Signed for Controller

(*Delete which is not applicable)

_____ Date _____ Signature / Capacity

(*Delete which is not applicable and sign in full)

Name and Rank of Officer(s)	Source document number and date (Bill of entry or other prescribed document, letter, invoice, etc.)	Date and time of actual attendance (see rule 120.04(c))	Number of hours	Rate per hour	Amount Due	
					R	c
Total						

*We,, declare that –

(a) we were present during the stated time of actual attendance for the service requested in the application for *special / *extra attendance;

(b) the service was duly completed in accordance with the applicable customs and excise laws and procedures.

(1) _____ (2) _____
 Signature(s) of officer(s) Signature of *client / client's representative

(1) _____ (2) _____
 Name(s) in block letters Name in block letters and capacity

_____ Date
 (* Delete which is not applicable and sign in full)

NOTE: If more than two officers were present, only the team leader and one officer must sign the declaration

For Official Use:		
1. Payments per *cash / cheque / EFT (*Delete which is not applicable)	Receipt Number:	Date:
2. Copy of report by team leader or officer received and attached (except for certification or photocopying)		

_____ (Name in Block letters) _____ Signed for Controller _____ Date