



# Eswatini Revenue Service

CUSTOMS & EXCISE DEPARTMENT

Portion 419 of Farm 50, Along MR103, Ezulwini



Postal Address: P.O. Box 5628 Mbabane, Eswatini **Tel:** (+268) 2406 4000 **Contact Centre:** (+268) 2406 4050 **Website:** www.ers.org.sz

CE 66

## GENERAL APPLICATION FOR REFUND

RS Ref No.

### PART A: FOR COMPLETION BY CLAIMANT

TIN (9 Digit #) (if applicable)										Date:											
PIN																					
Name and address of claimant																					
The Commissioner General: A refund of the following amounts is claimed in the circumstances set out on page 2 hereof;																					
Please specify type of refund claimed:										E	C										
Import VAT																					
Provisional Payment																					
Customs Duty																					
Excise Duty																					
Other (please specify)																					
Total Amount Claimed																					

### PARTICULARS OF CLAIM

The following documents to prove this claim are attached this form:


**PARTICULARS OF CLAIM AND GROUNDS FOR CLAIM**

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I.....(full name) on behalf of the claimant.....declare that I am duly authorized 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 claimant is entitled to a refund of the amount hereby claimed.

.....  
 Date Signature

Important- it is of utmost importance that the reasons advanced for in this claim be fully motivated and set out hereunder. It is incumbent upon the claimant 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.

**PART B: FOR OFFICIAL USE**

**REPORT BY OFFICER**

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Section/Office Date Signature of reporting officer  
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**QUERY TO CLAIMANT**

Sir/Madam  
 This refund claim cannot be entertained for the under mentioned reasons. If this claim is re-submitted, you should use the same refund packet and lodge it with the Commissioner General.  
 Your attention is invited to Section 75 (16) and 76 (4) of the Act and item 522.03 of Schedule 5 in regard to the prescriptive period in which claims may be lodged.  
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Date \_\_\_\_\_ for Commissioner General

### **CE 66 REFUND FORM**

<p>ERS REF No: _____</p> <p>TIN No: _____</p> <p>PIN No: _____</p> <p>NAME OF CLAIMANT: _____</p> <p>TOTAL AMOUNT CLAIMED: _____</p> <p>NAME OF OFFICER: _____</p> <p>SIGNATURE: _____</p>	<p>DATE STAMP:</p>
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