



# 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

## BAGGAGE DECLARATION (FORM E) AND VAT REFUND FORM

ERS REF NO.

**THIS FORM MUST BE COMPLETED BY ALL PERSONS ENTERING ESWATINI**

*(All values of goods declared must be in the currency in which the goods were purchased. Please indicate the currency as Rand, USD, €, etc. as the case may be against each declaration. Please see overleaf for more information)*

Full name

Physical address in Eswatini

Contact number

Passport No.

PIN

Country of departure

1. Indicate whether you are a **VISITOR**, **RETURNING RESIDENT** or **NEW RESIDENT** by ticking the relevant box below
- VISITOR  RETURNING RESIDENT  NEW RESIDENT

2. Please enter the total cost of all goods purchased outside Eswatini which are zero rated or exempted from VAT in Eswatini

E

3. Please enter below the cost of all other goods purchased outside Eswatini:

	Qty	Value (indicate currency)
01 Clothing		
02 Food stuff		
03 Household linen		
04 Electrical appliances		
05 Domestic hardware (non-electrical)		
06 Alcoholic beverages		
07 Other (specify).....		

4. Are you carrying more than E15 000 or equivalent in cash or negotiable bearer instruments? (Please tick) YES  NO

I declare that I have in my possession only goods of the quantities and values indicated; that I do not have any prohibited or restricted goods and that the above information is true and complete.

SIGNATURE..... DATE.....

FOR OFFICIAL USE ONLY			
Total Value	<input type="text"/>	Amount payable	<input type="text"/>
Receipt Number	<input type="text"/>	Dated	<input type="text"/>
OFFICER (NAME IN CAPITALS)	<input type="text"/>	OFFICER (SIGNATURE)	<input type="text"/>

## ERS VAT REFUND FORM

ERS REF NO.

**Important Note:** This tear off slip must be completed only when the VAT Refund MOU is applicable. This tear-off slip will be used to claim the VAT from South Africa and must therefore bear your correct and complete details. Please complete your details again and sign.

PIN

Full name

Physical address in Eswatini

Passport number

Tel/Cell

Port of entry

Date of entry

No. of invoices

I hereby request the ERS to apply for a refund of VAT paid in South Africa on the goods on the attached invoice(s) and authorize that such monies when received be used to offset my VAT liability in Eswatini

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_