



Eswatini Revenue Service

DOMESTIC TAXES 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 101

DECLARATION ON TRANSFER OF RESIDENCE

Please use block letters

Ref. No.

1. Full Name	Passport/ID No.
2. Spouse's Name	Passport/ID No.

3. Address in Eswatini		4. Address in Former Country of Residence	

5. Number and Description of Packages/Items		6. Marks and Numbers on Packages	

7. Description and values of used household effects <i>(Attach list where necessary)</i>		8. Description and values of new household effects <i>(Attach list where necessary)</i>	
Description	Value (E)	Description	Value (E)
TOTAL VALUE IN EMALANGENI		TOTAL VALUE IN EMALANGENI	

9. Details of Motor Vehicle

Make		Model	
Value (E)		Weight	
Engine Number		Chassis Number	
Present Reg. No.		Year of Manufacture	

Period of ownership and use prior to departure for Eswatini and years and months *(documentary evidence confirming this period must be attached)*

10. I arrived / will arrive in Eswatini on by road/rail/air.

11. My household effects/motor vehicle shipped by sea/road/rail/air from (place of shipment) under Bill of Lading/Airway Bill/Rail Note No. per (name of ship) arrived/will arrive at (place of first discharge in the common customs area) on

12. I hereby declare that my family which consists of self/spouse and children, is transferring residence to the Kingdom of Swaziland (for a period of at least two (2) years) and I enclose documentary evidence to this effect from my prospective employer. I further declare that the details given above are true and correct and that I have not previously imported household effects or a motor vehicle into Eswatini under rebate of duty and/or exemption of Value Added Tax prior to this transfer of residence. I hereby UNDERTAKE NOT TO SELL OR DISPOSE OF ANY OF THE ABOVE-MENTIONED GOODS OR MOTOR VEHICLE WITHIN A PERIOD OF TWO (2) YEARS FROM THE DATE OF IMPORTATION.

Signature of Importer

Date

FOR OFFICIAL USE ONLY

Approved for Rebate of duty under Item 407.04/407.06 of Schedule No. 4 to the Customs and Excise Act, 1971 and an exemption from Value Added Tax, under Section 20(a) of the Value Added Tax Act, 2011 as read with Regulation 23(2)(h) and (i) of the VAT Regulations, 2012.

Subject to _____



FOR: COMMISSIONER GENERAL

SAD 500 Form No.

C.C.C. No.

Notes

- a) This form is to be completed in duplicate and both copies forwarded to:
- The Commissioner General
Eswatini Revenue Service
P.O. Box 5628
MBABANE**
- b) If the form is sent to any other Swaziland Customs address it must be submitted in triplicate.
- c) SEPARATE FORMS SHOULD BE COMPLETED IN RESPECT OF GOODS/MOTOR VEHICLES ARRIVING AT DIFFERENT PLACES OF ENTRY OR AT DIFFERENT TIMES.
- d) Before submitting the form please ensure that:
- i) It is completed in all respect;
 - ii) Deletions are made as appropriate;
 - iii) The lists of new and used household effects and values, if the space provided under items 7 and 8 is insufficient, are attached;
 - iv) Documentary evidence of ownership and use of your motor vehicle in the form of a photocopy of the registration book, insurance certificate, etc. is attached;
 - v) Documentary evidence of change of residence in the form of a letter from the recruiting agency and/or a copy of the residence permit is provided.

WARNING

The Customs laws prescribe severe penalties for incorrect or false declarations. Great care should therefore be exercised in completing this form and any case of doubt should be referred to the Department before the form is completed.