

No. R. 1421

10 October 2003

**CUSTOMS AND EXCISE ACT, 1964.-  
AMENDMENT OF SCHEDULE NO. 3 (NO. 3/555)**

Under section 75 of the Customs and Excise Act, 1964, Schedule No. 3 to the said Act is hereby amended to the extent set out in the Schedule hereto.

**M MPAHLWA  
DEPUTY MINISTER OF FINANCE**

**SCHEDULE**

I Rebate Item	II			Description	III Extent of Rebate	Anno- tations
	Tariff Heading	Rebate Code	C. D.			
312.01		"03.06	61	By the insertion after rebate code 02.06 to tariff heading 6406.99 of the following:  Inner soles, of cork, for the manufacture of footwear	Full duty"	

APPLICATION FOR REFUND - EXPORT FOR TRADE PURPOSES OF IMPORTED DUTY PAID GOODS (Refund item 522.03) DA 63

Customs Code: \_\_\_\_\_ Name and Address: \_\_\_\_\_ Country of destination: \_\_\_\_\_ Transport code: \_\_\_\_\_ Place of final delivery: \_\_\_\_\_

Exporter: \_\_\_\_\_ Agent: \_\_\_\_\_

Export B/E Line No	DA 63 line No	Import B/E No. and Date	Alpha office code	Line	Origin	Tariff Subheading	Quantity and code	Customs value	Customs duty	Duty Sch. 1 part 2B	VAT	Other Payment
Marks, Nos. No. and description of packages												
Description and particulars of goods for duty purposes												
Marks, Nos. No. and description of packages												
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Description and particulars of goods for duty purposes												

I, \_\_\_\_\_ for \_\_\_\_\_ \*exporter / agent, hereby declare that the above is a true description and complete return of the goods in the above-mentioned packages and that the goods are in the same condition in which they were imported. In terms of Item 522.03 of Schedule No. 5 to the Customs and Excise Act, I hereby apply for a refund of the duty originally paid on the goods as indicated above

Date: \_\_\_\_\_ Signature for exporter / agent: \_\_\_\_\_

I hereby certify that particulars of the goods described above were compared with the original and forwarding invoices and found to be correct.

Official Date Stamp: \_\_\_\_\_ Signature Customs and Excise Officer: \_\_\_\_\_

Export B/E Number and Date: \_\_\_\_\_ Place of entry: \_\_\_\_\_

DA 63 Number and Date: \_\_\_\_\_ Total amount claimed: \_\_\_\_\_

\* Delete which is not applicable

**APPLICATION FOR DRAWBACK**

**DA 64**

THE CONTROLLER OF CUSTOMS AND EXCISE: ..... DATE: .....

\*I/ we hereby declare that duty was paid on importation, on the \*materials / articles used in the manufacture / processing / packing of the goods which \*I/ we exported, and now being claimed below:

IMPORT BILL OF ENTRY PARTICULARS		CLAIM PARTICULARS								
No.	Date	Line No.	Alpha office code	Customs value	Quantity and Code	Customs Duty	Sch 1P2B	VAT	Other Payments	Total amount claimed
				Total amounts claimed						
*I/ we hereby declare that the under-mentioned goods were *manufactured / processed / packed from the above-mentioned materials / articles and have been exported as indicated below:										

**EXPORT BILL OF ENTRY PARTICULARS**

No.	Dated	Line No.	Alpha office code	Tariff subheading	Quantity and Code	Draw-back item	Export invoice No.	Date	Description	Export Value (FOB)
In proof of exportation *I/ we attach a copy of the *B/E export / proof of export / receipt of acceptance on *ship / rail / aircraft / other vehicle in terms of the provisions of the above stated drawback item(s) of the Customs and Excise Act, *I/ we hereby apply for a drawback of the duty paid on the *materials / articles mentioned above.										

Name of firm: ..... Client Code: .....

Name of person signing this form: ..... Capacity: ..... Date: ..... Official Date Stamp:

Signature: ..... \* Delete which ever is not applicable

DA 66



**SOUTH AFRICAN REVENUE SERVICE:  
GENERAL APPLICATION FOR DRAWBACK / REFUND**

**A. FOR COMPLETION BY CONTROLLER OF CUSTOMS AND EXCISE**

**A1: Approval by Controller**

Alphabetical district office code	.....	.....
	<i>Name of Refund Officer</i>	<i>Signature of Refund Officer</i>

**A2: Claim particulars**

CAPE system identification number and date	Date of receipt	Date of receipt	Date of receipt	Claim date and number

**B. FOR COMPLETION BY APPLICANT**

**B1: Applicant information**

Name	Code No:
Address	
Name of Bank:	
Branch Name:	Branch Code:
Type of Account:	Account number:

**B2: \*Importer / owner / exporter information (where applicant is not the importer / owner / exporter of the goods to which the refund refers)**

Name	Code No.
Address	For *applicant's / exporter's / importer's / owner's use:

**B3: Amount(s) claimed**

Type of duty/revenue	Rand	Cent	Type of duty/revenue	Rand	Cent
Customs Duty			Excise Duty		
Anti-Dumping Duty			Duty: Sch. 1 Part 2B		
**VAT			*** Other		
*** Please specify the "other" type of duty/revenue.			Total amount claimed		

**B4: Particulars of document under cover of which payment was made**

Form No. (e.g. DA500)	Bill of entry purpose code (e.g. DP or XDP)
Final No.	Date C C Y Y M M D D
Date on which payment was effected	C C Y Y M M D D Alphabetical district office code

**C. FOR COMPLETION BY BOOKKEEPING (H/O)**

Financial Voucher No.	Electronic Fund Transfer No.	Cheque No.	Financial Voucher / Cheque / EFT Date
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\* Delete which is not applicable  
 \*\* VAT means value added tax paid in terms of the Value Added Tax Act, 1991 (Act No. 89 of 1991).

**B. FOR COMPLETION BY APPLICANT (continue)**

**B5: Type of Refund**

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

		General refunds I.t.o. section 76
Overplus		
Drawback (Part 1, Schedule 5)		Committed an error in calculating duty
Goods exported in the same condition as imported (Part 2 / Schedule 5)		Assessed duty on value higher than value for duty purposes
(Part 3 Schedule 5)	Goods destroyed in unavoidable circumstances	Incorrect tariff classification / tariff determination under section 47 (9)
	Goods abandoned	Goods having been damaged, destroyed or irrecoverably lost prior to release
	Goods used for the manufacture of excisable goods	Short landed, short shipped or short packed goods
Refund by Licensed Distributor		Adjustment of bill of entry I.t.o. section 40 (3)
Refund of excise duty (Schedule 6)		Other (please specify): .....
Drawback of excise duty (Schedule 6)		.....

**B6: Documents to prove claim**

The following documents to prove this claim are attached to page 3:

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**B7: 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 Office of the Commissioner for the South African Revenue Service 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 said office, as a result of payment of this claim.

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

At ..... (Place) Signature

**B8: Grounds for claim (continue on page 3)**

**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.

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I, ..... (Person's full name),  
 on behalf of the ..... (Applicant's name)  
 declare that I am duly authorised 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 applicant is entitled to a refund of the amount hereby claimed.

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

At ..... (Place) Signature

\* Delete which is not applicable



