ZIMBABWE REVENUE AUTHORITY
CUSTOMS AND EXCISE
REPAYMENT CLAIM (and Payment Voucher)

To……………………………

Entry Registration No. (or Bill of Entry No.)

Date of entry

Clearance Office Code (Box 1)

Importer's BPN (Box 8)

Declarant's BP No.

Declarant`s Ref. (Box 13)

Item Number (Box 7)

I apply for repayment of Duty/VAT/Surtax paid by me/us on the referenced Bill of Entry for the following reason(s):

……………………………………………………………..

……………………………………………………………..

……………………………………………………………..

Payee's name and full address above

……………………………………

……………………………………

…………………………....

……………………………………

I declare that the Duty/VAT/Surtax as stated in this claim has been paid and request amendment of the declared particulars as indicated below. The following documents are attached in support of this claim:-

…………………………………..

………………………………….

………………………………….

……………………………………

…………………………………………

…………………………………………

………………………………………..

………………………………………..

Amending particulars

Box reference(Identify)	As declared	Amending details
Marks & Nos(Box 31)		
No. of packages(Box31)		
Country of origin(Box34)		
Description of goods(Box31)		
Commodity code(Box33)		
Net weight(Box38)		
Invoice value(Box42)		
Currency code(Box22)		
Other details(specify box ref)		

Values and Duties

	Value for C/Dty	Value for VAT	Value for Surtax
Defined value as declared Defined value as now amended ……………………………..	……………........	……………………	……………
Amount(s) originally paid	Customs duty ………………………	VAT ………………………….	Surtax …………………
Amount(s)due as now amended Amount(s)for repayment	…………………	………………..	………..

TOTAL FOR REFUND   ……………………………...

I declare the above particulars to be true and complete

Signed…………………… Name………………. Date………………

Company……………………. Position in company…………………………………………..

WARNING: There are heavy penalties for false declarations; a false claim repayment of duty may render the applicant liable to prosecution.

CUSTOM HOUSE ACTION

	Name	Signature	Date

1. **Receipt**

Date received………………………………………………………………………………………..

Entered to Repayment Register…………………………………………………………………..

CLAIM REF NUMBER

C.O Code	Serial. No	Year

Name of Revenue Supervisor……………………………
Signature……………………. Date………………...

2. **Examination**

Supporting documents   present and correct

Yes	No

…………………

Original entry retrieved

Yes	No

Evidence of duty payment satisfactory

Yes	No

Particulars of claim checked and calculations
agreed, satisfied

Yes	No

Original entry annotated with claim details

Yes	No

3. **Approval**

Approval for payment of refund

Signature of Station Manager……………….. Date……………

4. **Disposal**

Repayments register noted,

Yes	No

Claim listed for transmission to Regional Office   List Number …………………….

HEAD OFFICE ACTION	Computer procedure entry		Manual procedure entry	
Audit Section	Signature	Date	Signature	Date
List details verified	………….	……..	………….	……
Entered to Repayment Register	………….	……..	………….	……..
Claim particulars verified *with original entry			…………………………….	
*without original entry			…………………………….	
Certified payment	…………………………….		…………………………….	
Port list detached and filed	…………………………….		…………………………….	
Transferred to Accounts for payment				

Accounts Sections	**Audit Office**
Passed for payment	
Cheque prepared and issued,	
Number and date	
Name of Officer……………………………….	
Signature………………… Date………….	