

APPLICATION FOR REFUND OR DRAWBACK

A. CLAIMANT DETAILS

Name and address of claimant:	Claimant Reference number:	Date:
	Customs Reference Number:	Claimant's Contact Details:
		Physical Address:

B. REQUEST FOR REFUND/DRAWBACK

Request for a refund / Drawback by choosing one of the below duties/ taxes or charges paid to Customs and Excise.

Customs Duties	Excise Duties		Environmental Levy	Other (Specify)	Total

C. JUSTIFICATION

Description if based on rebate/ Drawback item	Item	Code

Particulars of claims and grounds for claims including whether the duties are being exempted after processing or any sufficient explanation to warrant a refund. You should attach a separate sheet if necessary:

In terms of Section 84 of the Namibia Customs and Excise (Act No. 20 of 1998), all claims for refunds or drawback must include as attachments, copies of the documents on which the original duties, taxes or other charges were paid (import entry, invoice, etc.)
If the claim is based on exportation, a copy of the relevant export document and proof of exportation must be attached. Drawback claim particulars must be reflected on an attached schedule if the request is based on an overpayment of duty, then a copy of the original entry and receipt and a corrected entry must be provided. It is the responsibility of the claimant to provide sufficient documentation and explanation to justify the request. Please list all documents attached:

In consideration of this claim being paid, I/We _____ hereby agree and undertake to hold harmless and keep indemnified the office of the Commissioner of NamRA against any claim, loss or damage, costs and expenses arising from any cause whatsoever which may be made against or sustained or injured by the said office as a result of payment of this claim.
I/ We attest that all statements made in this claim are true and correct.

Signature _____
Date _____

Report by Reviewing officer at point of Exit:		
Signature:	Office:	Date:
Recommendation of the Principal Officer at point of Exit:		
Signature:	Office:	Date:
Senior Revenue Officer: Finance and Corporate Services	Recommended/Not Recommended	
Signature:	Name:	Date:
Manager Revenue Treasury:	Recommended/Not Recommended	
Signature:	Name:	Date:
Senior Manager: Customs & Excise	Recommended/Not Recommended	
Signature:	Name:	Date:
Head: Customs & Excise:	Approved/ Disapproved	
Signature:	Name:	Date: