

DUTY EXEMPTION FORM

1. BENEFICIARY DETAILS	2. LINE MINISTRY DETAILS
NAME:	NAME:
TELEPHONE:	
EMAIL:	
TIN:	(Signature & Stamp of Line Ministry)
3. DESCRIPTION OF GOODS	4. CIF Value
Item(s)	GMD
Quantity/No. of Packages	(Please Attach Invoice)
Bill of Lading/Airway Bill Number (Please attach Bill)	
5. TOTAL CALCULATED TAX:	6. VERIFIED BY CUSTOMS AUTHORITY
Duty	
Excise Duty	(GRA Signature and Stamp)
VAT	NAME & POSITION OF VALUATION OFFICER
Processing Fees	
Others	NAME & POSITION OF CERTIFYING OFFICER
Note to GRA: only prepare valuation on the taxes applicable	
7. DECLARANT: I/WE THE UNDERSIGNED, HEREBY DECLARE THE ABOVE PARTICULARS TO BE TRUE. IN THE EVENT THE GOODS ARE USED FOR ANOTHER PURPOSE OTHER THAN WHAT IS STATED ABOVE I/WE COMMIT MYSELF/OURSELVES TO THE PAYMENT OF ALL DUTIES, CHARGES AND PENALTIES.	8. SIGNATURE & STAMP OF APPROVING AUTHORITY
(Beneficiary Signature and Stamp)	(Ministry of Finance & Economic Affairs)