

DUTY EXEMPTION FORM

1. BENEFICIARY DETAILS	2. LINE MINISTRY DETAILS	
NAME:	NAME:	
TELEPHONE:	IVAIVIE.	
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 (<i>Please attach Bill</i>)		
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 Note to GRA: only prepare valuation on the taxes applicable	NAME & POSITION OF CERTIFYING OFFICER	
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	
(Reneficiary Signature and Stamn)	(Ministry of Finance & Economic Affairs)	



PART (E). RENTAL

This form should be filled in addition to the main form by:

- Departments & Agencies
- Local Government Authorities
- Private Sector
- Foreign Missions
- NGOs/Charitable/Religious Organizations

Are you renting your Office Premises, Residences and/or others? (Please select applicable)	YES	NO
If yes, please provide the following:		
Name of Landlord (Property Owner)		
Address of Landlord		
Tax Identification Number of Landlord		
Date Rental Contract Signed		
Contract amount		
Contract duration		
Purpose of Rent (Please select applicable):	(i) Office Premises (ii) Residential (iii) Other (please sp	ecify)