



REPUBLIC OF THE GAMBIA  
MINISTRY OF FINANCE AND ECONOMIC AFFAIRS  
THE QUADRANGLE, BANJUL, THE GAMBIA

**DUTY EXEMPTION FORM**

<b>1. BENEFICIARY DETAILS</b>  NAME: .....  TELEPHONE: .....  EMAIL: .....  TIN: .....	<b>2. LINE MINISTRY DETAILS</b>  NAME: .....  ..... (Signature & Stamp of Line Ministry)
<b>3. DESCRIPTION OF GOODS</b>  Item(s).....  Quantity/No. of Packages.....  Bill of Lading/Airway Bill Number <i>(Please attach Bill)</i> .....	<b>4. CIF Value</b>  GMD.....  <i>(Please Attach Invoice)</i>
<b>5. TOTAL CALCULATED TAX:</b> .....  Duty.....  Excise Duty.....  VAT .....  Processing Fees .....  Others..... <i>Note to GRA: only prepare valuation on the taxes applicable</i>	<b>6. VERIFIED BY CUSTOMS AUTHORITY</b>  ..... (GRA Signature and Stamp)  <b>NAME &amp; POSITION OF VALUATION OFFICER</b> .....  <b>NAME &amp; POSITION OF CERTIFYING OFFICER</b> .....
<b>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.</b>  ..... (Beneficiary Signature and Stamp)	<b>8. SIGNATURE &amp; STAMP OF APPROVING AUTHORITY</b>  ..... (Ministry of Finance & Economic Affairs)



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## PART (A). WITHHOLDING TAX

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

- *Government Projects*
- *Departments & Agencies*
- *Local Government Authorities*

What goods/services are you applying for exemption for?	
Is the supplier a Resident or a Non-Resident?	
What is the Invoice amount of the purchase/supply? <b><i>(Please attach Invoice)</i></b>	
What is amount of withholding tax? <i>(10% for resident, 15% for non-resident)</i>	
Provide evidence of withholding tax payment to GRA:  1. Payment receipt to GRA <b><i>(Please attach)</i></b> 2. Withholding tax certificate <b><i>(Please attach)</i></b>	



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**PART (B). SUB-CONTRACTORS/SUPPLIERS OF GOVERNMENT PROJECTS**

*Fill out current sub-contractor/supplier information below or attach List of sub-contractors/suppliers*

Name of sub-contractor/ supplier	Residency of contractor/ supplier	Address of sub- contractor/ supplier ( <i>if Resident</i> )	TIN of sub- contractor/ supplier ( <i>if Resident</i> )	Type of contract ( <i>goods, works, services etc.</i> )	Duration of Contract and date signed	Contract value/ amount



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**PART (D). PAY AS YOU EARN (PAYE)**

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

- *Government Projects*
- *Local Government Authorities*
- *Departments & Agencies*
- *NGOs/Charitable/Religious Organizations*

*In the case of donations, this form should be filled by the beneficiaries, **not** the donating entity. For example, schools or hospitals receiving donations from NGOs or Charitable Organizations.*

STAFF NAME	DESIGNATION	REPORTING PERIOD	BASIC SALARY	ALLOWANCES	GROSS SALARY	PAYE DEDUCTED	PAYE REMITTED TO GRA