



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

DUTY EXEMPTION FORM

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



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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



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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? <i>(Please select applicable)</i>	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 <i>(Please select applicable):</i>	(i) Office Premises (ii) Residential (iii) Other <i>(please specify)</i>	