

APPLICATION FOR CUSTOMS REFUND

1. NAME OF OPERATOR		NAME OF VESSEL	
2. POSTAL ADDRESS	3. CONTACT NUMBER	4. TAXPAYER IDENTIFICATION NUMBER	
5. IF AN AGENT IS REPRESENTING THE OWNER FOR THE PURPOSES OF THIS REFUND APPLICATION			
Name of Agent:		Taxpayer Identification Number	
Agent Business Name:		Contact Number:	
Postal Address:		Email Address:	
6. DETAILS OF TRIPS			
DATE OF VOYAGE	FROM	TO	QUANTITY OF FUEL (L)
8. PLEASE PROVIDE THE DOCUMENTS BELOW TO SUPPORT YOUR CLAIM			
*Details of receipt of fuel purchased			
Certified copy of log book with detail log of trips			
Bank details (Attach copy / Any change in bank details to inform SRC)			
I <input style="width: 30%; border: none; border-bottom: 1px solid black;" type="text"/> declare that the following information included in this refund application, including all documents submitted in support of this application, is in accordance with Part V of the Customs Management Act 2011.			
<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> Signature		<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> Date	

Conditions for a refund:

***Fuel shall be purchased through a metered Seychelles Petroleum Company (SEYPEC).**

***Refund will be based on a quota of a maximum of three return trips per week.**

***The receipt shall contain the following details:**

- The date on which the transaction subject to VAT took place.
- The name and address of the business that supplied the goods or service.
- The name and address of the person to whom the goods or service were supplied.
- A clear description of the goods purchased.
- The quantity of the goods supplied.
- The amount paid.
- the amount of tax due on the supply of goods or services.
- the Tax Identification Number (TIN) of the business.