

SEYCHELLES REVENUE COMMISSION
Customs Division, Inland Revenue Section

Sunshine House Building -Providence

 P.O. Box 50, Maison Collet, Seychelles | Phone: 4293737 | Fax: 4225565 | E-mail: inland.revenue@src.gov.sc
APPLICATION FOR CUSTOMS REFUND
DETAILS OF IMPORTER/BUSINESS

Name of Importer/Business			
Taxpayer Identification Number		Phone Number	
Address		Mobile Number	
Email Adress (es)			

IF AN AGENT IS REPRESENT THE OWNER FOR THE PURPOSE OF THE APPLICATION

Name of Agent		Agent Business Name	
Taxpayer Identification Number (TIN)		Postal Address	
Location		Telephone	
Email Address(es)			

BANK DETAILS OF THE IMPORTER

BANK NAME		Account Number	
SRC Prepayment Account Number (if applicable)			

DETAIL OF BILL OF ENTRY

Bill of Entry Number	Date	Location of Clearance	Description of Goods

EXPLAIN REASON FOR THE CLAIM

PROVIDE SUPPORTING DOCUMENTS WITH THE APPLICATION

Letter of authorization from importer		Complete Set of Bill of Entry Documents (All paperwork submitted for clearance of goods)	
Approval/Exemption Letter		Cargo Report	
Certificate of Origin		Credit Notes	
Certificate of Disposal		Unwholesomeness Certificate	
Others , specific			

I [REDACTED] declare that the following information included in this refund application, including all documents submitted in support of the application, is in accordance with section 236 to 245 of the customs mangement act, 2011

Signature [REDACTED]

Date [REDACTED]