



SAD REF NO.

**SWAZILAND REVENUE AUTHORITY**  
**SEKULULA VAT/Easy REMITTANCE FORM**

<b>FULL NAME</b>	<input type="text"/>
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<b>PASSPORT NUMBER</b>	<input type="text"/>
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<b>PHYSICAL ADDRESS IN SWAZILAND</b>	<input type="text"/>
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<b>CONTACT DETAILS: TEL/ CELL NO. &amp; E-MAIL ADDRESS</b>	<input type="text"/>
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<b>PORT OF ENTRY</b>	<input type="text"/>
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I/we hereby request and authorise the Swaziland Revenue Authority (SRA) to submit my/our VAT refund claim to the South African Revenue Service (SARS) and subsequently (tick preferred option):

- i. Remit into the bank account detailed below any amounts duly refunded to me/us:

**Bank Name** : \_\_\_\_\_  
**Account Number** : \_\_\_\_\_  
**Branch Name and Code** : \_\_\_\_\_

**OR**

- ii. Credit my tax account with amount of VAT received from SARS as detailed below:

**TIN** : \_\_\_\_\_  
**TAX TYPE** : \_\_\_\_\_  
**PERIOD** : \_\_\_\_\_  
**TAX YEAR** : \_\_\_\_\_

I/We acknowledge that the SRA is hereby indemnified from any claim I/we may have arising from my/our failure to provide correct bank details or timeously advising SRA of any changes thereto.

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_  
 (Authorised signatory as per bank mandate)

**Designation** \_\_\_\_\_

<b>BANK CONFIRMATION</b>	
I hereby confirm that the account details reflected above are correct and refer to the applicant	<b>BANK STAMP AND SIGNATURE OF AUTHORISED BANK OFFICIAL</b>

\*DISCLAIMER: SRA will only remit monies upon receipt of refund from claims submitted to SARS. Our liability is limited only to forwarding your application and remitting the received amounts into your account.

**Tear off- slip (To be retained by claimant as proof of submission of claim)**

<b>Name</b> _____ <b>Tin</b> _____ <b>SRA Ref:</b> _____	<b>CUSTOMS STAMP AND SIGNATURE OF CUSTOMS OFFICER</b>
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NB: Completion of the BANK CONFIRMATION section with Bank stamp is compulsory where option (i) has been chosen.

**Commented [CPN1]:** Not a dotted line but perforation to enable tear - off

**Tear off- slip (to be retained by claimant as proof of submission)**

Name: _____ TIN: _____	<b>CUSTOMS STAMP AND SIGNATURE OF OFFICER</b>
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**Tear off- slip (To be retained by claimant as proof of submission of claim)**

<b>Name</b> _____ <b>Tin</b> _____ <b>SRA Ref:</b> _____	<b>CUSTOMS STAMP AND SIGNATURE OF CUSTOMS OFFICER</b>
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