



# APPLICATION FOR DRAWBACK

(in accordance with Customs Management and Duties Act No. 6 of 2010)

I/We \_\_\_\_\_ of \_\_\_\_\_  
do hereby apply to your office for a Drawback/Refund of \_\_\_\_\_ on  
the following items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please select the reason for refund/drawback:

Hotel Aid	Pioneer Status	First Time Home Builders
Fisherman	Farmer	Government Imports
Overpayment of Duties	Financial Secretary Approved	
Other		

**\*\*ALL CLAIMS MUST BE ACCOMPANIED BY SUPPORTING DOCUMENTS \*\***

Person/ Company Information (For Check Payment)

*Note: All refunds checks are issued to the Person/Company that appears on Government receipt.*

Person: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tel# \_\_\_\_\_ Email: \_\_\_\_\_

**OFFICIAL USE ONLY**

Date Submitted: \_\_\_\_\_

Application Number: \_\_\_\_\_

Received By: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant