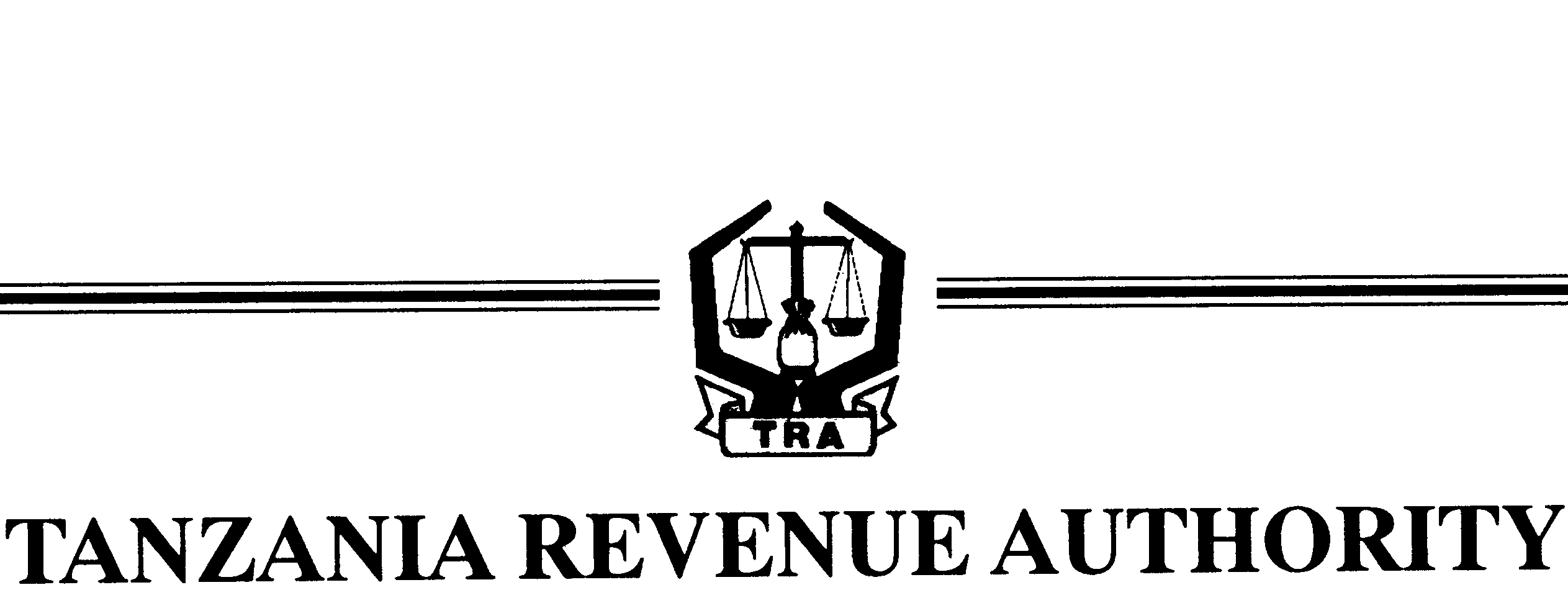
ITX262.02.E Claim for refund of VAT



**VALUE ADDED TAX (VAT)**

**CLAIM FOR REFUND OF VAT PAID BY DIPLOMATS, DIPLOMATIC**

**MISSIONS AND INTERNATIONAL BODIES.**

*(Under Regulation 30(1))*

***Notes for completion of the form have been provided overleaf.***

1. (a) Name and Address of a person claiming the refund:

....................................................................................................................................................................................................................................................................................................................................

(b) Name of Embassy/Mission ........................................................................................................................

2. Particulars of the purchases:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Name of the Supplier** | **Tax Invoice Number** | **Taxable Value (Tshs.)** | **VAT**  **(TShs.)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | TOTAL |  |  |

3. (a) Amount of tax claimed in TZS:

..................................................................................................................................................... (in words)............................................................................................................... ...................................................................................................................................................

(b) Banker’s Name ……………………………………………………………………….............................

Account Number …........................................................................................................

Account Name………………………………………………………….......…………..

Bank Branch………………………………SWIFT BIC Code ……………......……...

4. **Declaration**:

I...........................................................................................................................(Name of the claimant) DO HEREBY declare that this claim is genuine.

Signature of the claimant ...................................................................................

Date: .................................

5. Recommendation by the Head of the Mission

Claim approved/disapproved (delete whichever is inapplicable)

................................................................. ...................................................................

Head of the Mission Signature and Seal

6. Recommendation by the Ministry of Foreign Affairs and International Co-operation.

I ........................................ (Name of responsible Officer) recommend/do not recommend the refund to be effected because of the following reason(s):..........................................................................................................................................................................................................................................

Signature .................................. date and official stamp ........................

7. **FOR OFFICIAL USE:**

1. **Remarks by Verifying officer:**

.................................................................................................................

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.................................................................................................................

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Signature of the **Verifying officer**

1. **Commissioner’s decision:**

.................................................................................................................

.................................................................................................................

.................................................................................................................

Claim approved/disapproved

Date .....................................Signature ...............................Official stamp

**COMMISSIONER FOR DOMESTIC REVENUE**

***NOTES FOR COMPLETION OF THE FORM***

(i) Refunds claim to be submitted in triplicate to the Commissioner.

Distribution: Original and Duplicate - Commissioner for Domestic Revenue

Triplicate - Permanent Secretary,

Ministry of ForeignAffairs and International Co- operation.

(ii) The applicant shall retain a Quadruplicate copy.

(iii) A claim to be lodged to the Commissioner for Domestic Revenue may be made out for every month, provided that it exceeds shillings 50,000, and an amount that is below shillings 50,000 may be accumulated for a period of more than one month before it is claimed.

(iv) The Tax Invoices/ EFD receipts related to the supplies on which refunds claim is made must be attached to the claim.