CERTIFICATE OF GENUINENESS

*(Under Regulation 29(1)(b))*

NAME OF REGISTERED PERSON:……………………………………………....... .........................................................................................................................................

TAXPAYER IDENTIFICATION NUMBER: ..........................................................

VAT REGISTRATION NUMBER:………………………………………………

I/We have examined the *genuineness* of the attached claim for the refund of VAT amounting to TShs……………………(figures)…………………………………(in words) made by the Taxable person for the Tax period of …………………….to ensure compliance with the provisions of the Value Added Tax No.5 of 2014 and the Value Added tax (General) Regulations 2015, and have obtained all possible information and explanations necessary for the purpose of my/our examination.

My/Our examination was designed to enable me/us to obtain reasonable assurance that the claim is, to the best of my/our opinion, free from misstatement, and included verification on test basis, of evidence supporting amount claimed. It also included an assessment of the adequacy of M’s……………………………………………system of recording and accounting for VAT.

As per the requirements of the VAT (General) Regulations, I/We confirm that the bank account to effect this refund is Number……………...................………at………………...Bank

…………………………………Branch, SWIFT BIC Code.....................................

In my/our opinion the attached Vat claim of TShs……………………..gives a true and fair view of the *amount claimed* and is properly refundable under the VAT Act 2014 and Regulations.

……………………………………

 Signed:

Certified Public Accountant and Public Practice (CPA-PP), NBAA Certificates of Practice.

 No. …………………………….

Date:………………………….. Seal