ITX263.02.E Application For Utilization Of VAT Relief

**TANZANIA REVENUE AUTHORITY**

**VALUE ADDED TAX FORM**

*(Under Regulation 33)*

Complete In Quadruplicate Serial No......................

To: Regional Manager **TIN:**

P. O. Box

................................................... **VRN:** .

**APPLICATION FOR UTILIZATION OF VAT RELIEF GRANTED TO EXPLORERS AND PROSPECTORS OF MINERALS, GAS OR OIL, AND TO INVESTOR LICENSED UNDER**

**THE EXPORT PROCESSING ZONES ACT OR SPECIAL ECONOMIC ZONES ACT**

**PART A**: (To be completed by applicant)

The (name of the Organisation).........................................................................................................

is applying for VAT relief on supplies of goods/services as detailed below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of the goods/services** | | **Value exclusive of VAT (in shs.)** | **VAT Amount** | **Supplier** |
| **Description** | **Quantity** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**NB:** \*In case the space provided above is not sufficient please attach the list of additional items in the same format/ for motor vehicle give the following details for each vehicle or attach the detailed Schedule of all vehicles applied for.

Make....................................................... Engine No...............................................

Chassis No........................................................... Type......................................................... Cubic Capacity....................................... Tare weight......................................

Year of Manufacture............................................ Propulsion Petrol/Diesel/Other.........................................................­­­­­­­­­­­­­.............

The goods/services are going to be used by the (Name of the project or undertaking) .......................................................................................................................................................

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Which is a project/undertaking pursuant to PSA / EPZ or SEZ license ...................................................................................................................................................................

dated...........................................for (state the use of the goods/services) .......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**WE DO CERTIFY** that the above information/data are correct. We undertake not to sell, transfer or dispose of in any way the said goods unless and until VAT is fully paid.

.................... ................................................... ..................................... ...................... **Date (Name of Authorized Officer) Signature Official Stamp**

**PART B:** B(To be completed by the recommending Organisation/Ministry).

This is to certify that (Name of project/undertaking)........................................................................................... .... .... ......................... is project/ undertaking which is under our Ministry/Organisation (name)........................................................................................................................................under the agreement/lisence ......................................................................................................................................

We do confirm that the above goods/services are project materials/services and we request that they be supplied free of VAT.

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

**Date (Full name of endorsing Executive) Signature and stamp of Permanent Secretary/**

**Chief Executive Officer**

**PRECAUTION NOTE:**

1. This Authority is only valid when tendered in its original form.
2. Payment should be made strictly by recipient’s cheque(s).

**FOR OFFICIAL USE**

(a) **Comments** **and Recommendation(s) by the Verification Officer:**

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**Date Name and Signature of the Verification Officer**

(b) **Commissioner General’s Decision**

Approval has been/not been granted for VAT relief to: ........................................................................................................................................................

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**Date Signature and Stamp of the Commissioner General**

**NOTE: This authority is valid for 30 days from the date of approval**

Distribution: Original – Supplier of goods/services {To be retained for your record/ Verification by TRA}

Duplicate – Applicant

Triplicate – TRA Office

Quadriplicate – recommending Ministry/ Organisation.