Application For Utilization of VAT exemption

(Under Regulation 5(1))

TANZANIA REVENUE AUTHORITY
VALUE ADDED TAX FORM

Complete In Quadruplicate

Serial No...........................................

Government Notice number...............

To: .............................................

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

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

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

TIN:

VRN:

APPLICATION FOR UTILIZATION OF VAT EXEMPTION GRANTED TO
PROJECTS FUNDED BY FOREIGN GOVERNMENT, DONOR OR LENDER HAVING AGREEMENT
WITH THE GOVERNMENT OF
THE UNITED REPUBLIC

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:

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Value exclusive of VAT (in shs.)</th>
<th>VAT Amount</th>
<th>Supplier</th>
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NB: In case the space provided above is not sufficient please attach the list of additional items in the same format.

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

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

Which is a project/undertaking pursuant to (Government project/binding agreement/grant/concessional loan
dated.................................................................for (state the use of the
goods/services).................................................................

Note:..............................
Declaration
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.

Name of Authorized Officer   Signature   Date and official stamp

PART 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/licence/Grant/concessional loan ..............................................

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

Full name of endorsing executive   Date   Signature and stamp

Permanent Secretary/Chief Executive Officer

PRECAUTION NOTE:
(i) This Authority is only valid when tendered in its original form.
(ii) Payment for goods and services should be made strictly by recipient’s cheque(s).

FOR OFFICIAL USE

(a)  Recommendation(s) by the Verifying Officer:
 .........................................................................................................................................................
 .........................................................................................................................................................
 .........................................................................................................................................................
 .........................................................................................................................................................
 .........................................................................................................................................................

Name and signature of the verifying officer   Date   Signature of verifying officer

(b) Commissioner General’s Decision
Approval has been/not been granted for VAT exemption
to: ................................................................................................................................................
 .........................................................................................................................................................
 .........................................................................................................................................................

Name of approving officer   Date   Signature and stamp

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.