

ZWS ISO 9001:2008 QUALITY MANAGEMENT SYSTEM

# APPLICATION FORM FOR REGISTRATION AS A BENEFICIARY OF THE FUEL DUTY REFUND FACILITY

# This form must be completed in block capitals using blue or black ink. Please complete all questions as indicated.

Please ensure you submit certified copies of Tax Clearance Certificates, Certificate of Incorporation/National identity card and proof of registration with Business Association.

### **APPLICANT DETAILS**

Business Partner Number	3. Business Telephone Number
Name of Applicant & Physical Address	4. Mobile Telephone Number
	5. E-Mail Address
6 this	. How long have you been in business in sector?
7. Please select the applicable sector for your busine	ss
Agriculture	
Transport	
Mining	
Manufacturing	
8. Has your application to register to benefit from the past?	fuel duty refund facility been denied in the
YES NO	

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Issue No.1

Version No.1

Date of Issue



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9. If "Yes' please provide details	s	
10. Is the applicant involved in	any other business activities? Put	at a tick in the relevant box.
YES	NO	
11. If answer to the above ques	stion is yes, please provide details	s
12. Please provide brief details	of the intended use of the fuel	
	uel to be used in liters per month	
Petrol	Diesel	Kerosene



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Declaration I hereby apply for registration as a beneficiary of the fuel of agricultural/mining/transport/manufacturing sector (please delet					
The information I have given is complete and true to the best of my knowledge.  I am also aware that my application will be automatically disqualified and may be banned from					
making future applications if I use a false document, lie or withhold re					
that the documents that I have supplied with this application are gen					
I have made with this application are truthful. I understand that the re	elevant authorities may make				
reasonable checks to confirm the accuracy and authenticity of ev	vidence I have provided and				
documents I have submitted with this application.					
I declare that the information given on this form is correct to the best I also consent to the processing of information provided by me by the					
14. Applicant's Name (in full) 15. Designation					
16. Applicant's Signature 17. Date	18. Stamp				
BUSINESS ASSOCIATION					
DOSINESS ASSOCIATION					
19. Is the applicant registered with the Association? YES	NO				
If 'yes' please indicate the number of years registered wi	th the Association				
20. Has the applicant submitted a valid Tax Clearance Certificate?	YES NO				
(If NO immediately refer the applicant to the nearest ZIMRA Dome a tax clearance certificate)	estic Taxes station to obtain				
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21. Does the Appli	cant qualify as a	productive entity?	YES	NO	
22. Please state its	productivity lev	rels			
23. Application for	registration as a	a beneficiary of the fu	el duty refund	facility is hereby	
Recommended		Not Red	commended		
24. Remarks for re	commendation/	Rejection			
25. Name (in full)			26. Designatio	n	
27. Signature		28. Date	29	9. Stamp	

### ZIMBABWE REVENUE AUTHORITY



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30. Has the applicant provided all the Received by:	e requisite documents?	YES NO
Name	signature	Date
REVENUE SUPERVISOR AT REGIONA	AL OFFICE	
31. Is the applicant registered for tax	k purposes?	YES NO
32. If 'yes' confirm authenticity of th appropriate box)	e tax clearance certificat	te and validity period. (Tick the
Authentic	Not Authentic	Validity period
		-
33. Is the applicant tax compliant?	YES	NO
Checked by:		
Name	signature	Date
TECHNICAL/ENFORCEMENT MANAG	GER	
34. Application for registration as a k	peneficiary of the fuel du	uty refund facility is hereby
Recommended	ecommended Not Recomm	

35. Remarks for recommended/rejection

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	ZWS ISO 9001:20	08 QUAI	LITY MANAGE	MENT SYS	TEM	
36. Name (in full)			37. Designati	ion		
30. 1441112 (111 1411)		]	37. Designati			
38. Signature		_	39. Date		40. Date Stamp	
	AGER CUSTOMS A			ty refund fa	cility is hereby	
Approved			Not App	roved		
42. Remarks for A	pproval/Rejection					
43. Issued Registra	ation Number					
CEF Custo	ms and Excise	Issue N	lo 1 Ver	sion No.1	Date of Issue	



# 44. Name (in full) 45. Signature 46. Date 47. Date Stamp