



Te Mana Arai o Aotearoa

APPLICATION FOR REFUND OF REVENUE

No.:

Port of: Date:	Applicant: Agent for:									
Craft:	Whence:			Entry - Kind, No., Date:						
Tariff Item Description of Goods	Part 1 Tariff Item No's	Concession Code	Country of		Rate of Duty	Quantity for Statistics	V.F.D.	C.I.F	Amount	
			Origin	Export						
Passed as:										
Instead of:										
Reason for Application: Applicant's Signature: Full Name: Date:	Certified Correct Customs Officer Verified, Passed for Payment Authorised Officer	Payment (Signature) Date: Voucher Summary No.:			G.S.T. Payable Paid Overpaid			Duty Overpaid G.S.T. Overpaid TOTAL Completing Refund No.		