SARS	APPLICATION TO MAKE PROVISIONAL PAYMENT	DA 70 (Page 1 of 2)

1. Applicant details *(* Mark appropriate box with an "X")*

Name:																		
Client Code No:																		
Client File Reference No:																		
Importer:	☐	Exporter:	☐	Other (specify):	☐													

2. Payment details (**Insert only the applicable purpose code*)

Purpose:	*Code	Registration number and date received:
Possible penalty (PEN):		
Forfeiture (FOR):		
Other (OTH):		

Amount	Rand	Cent	Amount in words

Branch Office:	

3. Circumstances of or reason for the application

Circumstances of or reasons for the application (including, in the case of a deposit as contemplated in section 91 of the Customs and Excise Act, 1964, the section(s) contravened or not complied with) and a description of the transaction involved

4. Declaration

I ....., for and on behalf of

....., being duly authorised to sign this declaration, hereby undertake to comply with the requirements of the Customs and Excise Act, 1964, and the rules in respect of the goods or circumstances to which this payment relates within the understated period determined by the Branch Manager.

…….....	…….	…….	…….
Signature	Capacity	Place	Date (CCYYMMDD)

5. Clearance details

Movement Reference No (MRN):		Date(CCYYMMDD):	
Supplier :		of (Country):	

Marks and numbers, quantity and description of packages	Country of origin	Tariff subheading/item	Description and particulars of goods for duty and VAT purposes	Value R	Duty		VAT	
					Rand	Cent	Rand	Cent

6. Application in terms of section 91

For the purposes of section 91, I....., for and on behalf of ....., being

duly authorised to sign this declaration, hereby –

(a) apply for the matter stated in the circumstances column above to be determined by the Commissioner;

(b) agree to abide by the Commissioner's decision; and

(c) deposit the amount required by the Commissioner.

…….....	…….	…….	…….
Signature	Capacity	Place	Date (CCYYMMDD)

DA 70 date:		**DA 70 number:**	

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The provisional payment may be accepted provided the relevant requirements are complied with within .....(period)

.....	.....	.....	.....
Print Name	Designation	Signature	Date (CCYYMMDD)

Disposal instructions

- The amount of R.....may be refunded to the depositor
- The amount of R.....may remain in the account
- The amount of R.....may be estreated to revenue

.....	.....	.....	.....
Print Name	Designation	Signature	Date (CCYYMMDD)

Type of payment transaction	Transaction reference No	Transaction date (CCYYMMDD)

Officer's Report

.....	.....	.....	.....
Print Name	Designation	Signature	Date (CCYYMMDD)