REQUISITION FOR IMPRESSION STAMPS USED BY CIGARETTE MANUFACTURERS

1. This form must be completed in quadruplicate				
2. The original and two copies must be forwarded to:				
	The Commis Private Bag 2 Pretoria 0001		South African Revenue Se	rvice
A. REQUISITI	ON			
Full address of destination of the impression stamp Number required				
	By hand		Secure Mail	
Method of delivery	Parcel Post		Courier	
B. ISSUE				
Number Issued	Unit Price	R	Total Price	R
Identification numbers				
C. CONFIRMATION OF RECEIPT				
The Commissioner for Private Bag X923 Pretoria 0001	the South African R	evenue Servic	ce	
1. Receipt of the	impression stamps	specified abov	ve is acknowledged.	
2. The amount d	ue (R) is enclosed.	
CIGARETTE MA	NUFACTURER/EN	/BASSY		DATE