

<b>EXCISE ACCOUNT</b>		<b>TOBACCO PRODUCTS</b> <b>(VM) - MANUFACTURING WAREHOUSE</b>						<b>DA 260</b>				
LICENSED WAREHOUSE NAME >>>> PHYSICAL ADDRESS >>>> >>>> >>>> >>>>								WAREHOUSE NUMBER >>>> EXCISE CLIENT CODE >>>> YEAR & MONTH(S) >>>> FROM DATE >>>> TO DATE >>>>				
PRODUCT CODE TARIFF ITEM(S)		CTOB 104.35.05    104.35.07		PTOB 104.35.01    104.35.02		PTOB 104.35.03    104.35.09		CIGS 104.30.07    104.30.15		CGAR 104.30.03    104.30.11		
STATISTICAL UNIT		KG		KG NET		KG NET		CIGARETTES		KG NET		
	Opening Balance											
Plus	Production	DA 260.01										
Plus	Receipts From C&E Warehouses	DA 260.02										
Plus	Returns Of Duty Paid Stock	DA 260.03										
=	<b>SUBTOTAL</b>											
Less	Non-Duty Paid Removals	DA 260.04										
Less	Closing Balance											
=	<b>Total On Which Duty Must Be Paid</b>											
<b>DUTY CALCULATION</b>												
EXCISE VALUE FOR DUTY PAID REMOVALS (per tariff item)												
<b>TOTAL: EXCISE VALUE FOR DUTY PAID REMOVALS</b>		R	-									
<b>DECLARATION</b>												
I (Name & Surname) ..... IN MY CAPACITY AS ..... FOR (Licensee Name) .....		Dutiable QTY										
		Rate of Duty										
		Duty Payable										
		Overpayment										
		Underpayment										
		Returns of DP stock										
HEREBY DECLARE THAT ALL INFORMATION SUPPLIED ON THIS DOCUMENT IS TRUE AND CORRECT.		<b>GROSS EXCISE DUTY PAYABLE</b>										
		Less	Gross Over-Payment									
		Less	Gross Returns Of Duty Paid Stock									
			<b>SUBTOTAL</b>									
		Plus	Gross Under-Payment									
SIGNATURE _____ DATE _____		=	<b>NETT EXCISE DUTY PAYABLE</b>									
<b>FOR OFFICIAL USE ONLY</b>												
<b>CONSOLIDATED</b>		<b>ASSURANCE ACTIVITY</b>		<b>NAME</b>		<b>SIGNATURE</b>		<b>DATE</b>		<b>DATE RECEIVED</b>		
DECLARATIONS Code    Number    Date		Accepted								(OFFICIAL DATE STAMP AND SIGNATURE)		
		Face Checked										
		Compliance Checked										









