

**Claim for refund out of revenue**

SARS branch office

Claim number

**Notes**

Reference number

1. Refund of spoiled Revenue Stamps must be claimed on form Rev 17
2. Original receipts of payments made must be attached. If the original receipts (e.g. transfer duty or master's fees) form part of the records of another office, columns 7 and 8 must be carefully completed.
3. If the refund is claimed on behalf of someone else, a power of attorney must be produced.
4. Submit full reasons for the claim for refund, if necessary on a separate sheet or paper.

**Part A (To be completed by claimant)**

I, (full name of claimant)   
 Identity number  hereby claim a refund of R ,  
 for the following reasons

Payments made				Amount which should of been paid	Overpayment now claimed	Officer where original receipt is lodged	Reference number of the record in such office
Office of employment	Date	Receipt no.	Amount				
Total							

C C Y Y - M M - D D

Signature of claimant or authorised representative Date Postal address

**Part B (To be completed by the collecting office) (Indicate the applicable option with an "X")**

1. The original receipt  is attached, or  
 is attached, or  
 is attached, or

2. The claim is for  the full amount paid, or  
 part of amount and the receipt has been endorsed

3. To prevent a double refund this claim has been noted in red ink in:  
 Cashbook or Daybook folio number   
 Counterfoil of receipt(s) number(s)   
 Card or loose leaf register

4. The amount claimed above was originally collected as  State Revenue or  Provincial Revenue  
 and in the Rev 6 the amount was originally allocated to:

5. A cheque for R  is required for an outstanding amount under the head:

6. Certificate: I am satisfied that this refund is due and properly payable  
 A refund of R  is recommended

Signature  
 Designation  
 C C Y Y - M M - D D

Signature  
 Designation  
 C C Y Y - M M - D D

Signature  
 Designation  
 C C Y Y - M M - D D

SARS branch office / Magistrate  
 C C Y Y - M M - D D

**Part C (To be completed by authorising officer)**

Payee (1)  Payee (2)   
 Address  Address

Head of Revenue	Amount	Cheque number	Date issued	Received the amount of
				in full settlement of the above claim
<input type="text"/> C C Y Y - M M - D D Commissioner for SARS Date			<input type="text"/> C C Y Y - M M - D D Signature Date	