



Claim for Securities Transfer Tax Refund

SARS branch office [ ]

Email: stt@sars.gov.za

Claim number [ ]

Reference number [ ]

Notes

- 1. Original receipts of payments made must be attached.
2. If the refund is claimed on behalf of someone else, a power of attorney must be produced.
3. Submit full reasons for the claim for refund, if necessary on a separate sheet or paper.
4. The following supporting documentation regarding bank details must be submitted with this form:
Certified copy of identity document of representative; and
Any one of the following:
- Cancelled cheque; or
- Original bank statement (confirming the account holder's name, account number and branch code).

Part A To be completed by claimant

I, (full name of claimant) [ ] hereby claim a refund of R [ ] for the following reason(s) [ ]

Table with 6 columns: Date, Receipt no, Amount, Amount which should have been paid, Overpayment now claimed, Bank Details of Claimant. Includes a Total row.

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 [ ] has been lost or destroyed and a full explanation is attached. Signature [ ] Designation [ ] Date [ ]

2. The claim is for [ ] The full amount paid, or [ ] Part of amount and the receipt has been endorsed. Name [ ] Date [ ]

3. To prevent a double refund this claim has been noted in red ink in: [ ] Cash-book or Daybook folio number [ ] [ ] Counterfoil of receipt(s) number(s) [ ] [ ] Card or Loose leaf register. Signature [ ] Designation [ ] Date [ ]

4. A cheque for [ ] is required for an outstanding amount under the head: [ ]

5. Certificate: I am satisfied that this refund is due and properly payable. A refund of R [ ] is recommended. Date [ ] SARS branch office/Magistrate [ ]

Part C To be completed by authorising office

Payee: (1) [ ] Address [ ] Payee: (2) [ ] Address [ ]

Table with 5 columns: Head of Revenue, Amount, Cheque number, Date issued, Received the amount of. Includes a note: in full settlement of the above claim.

Commissioner for SARS [ ] Date [ ] Signature [ ] Date [ ]