

INTERNAL ADMINISTRATIVE APPEAL IN TERMS OF THE CUSTOMS AND EXCISE ACT, 1964

Purpose:

To submit an internal administrative appeal against a decision relating to customs or excise matters in terms of the provisions of sections 77A - H of the Customs and Excise Act, 1964.

Notes:

- (a) This appeal **must** be delivered to the office from which the notice of the decision was issued within the period specified by rule.
- (b) The appeal will be considered and decided by the Commissioner, or an authorized officer acting under a delegation from, or under the control and direction of, the Commissioner, or by an appeal committee authorised by rule to consider such an appeal.
- (c) Where the space provided is insufficient, please make use of an extension page and attach it, as well as any other correspondence and documents that may be applicable, to this form.
- (d) Proof of authority to act on behalf of an appellant must be attached where applicable.

Details of Appellant:

Full name	Client Number	Name of Agent / Consultant	Agent / Consultant Client Number
Address for delivery of documents			
Registered name of business or name of appellant			
Business address: Street name and number			
Building name and floor number			
Suburb			
City / Town		Street code	
Postal Address			
Suburb			
City / Town		Postal code	
Business telephone and fax numbers (including code)		(.....)	(.....)
Business email address:			

Decision relates to:

(Mark with an X in the appropriate box / boxes)

Customs duty		Excise duty		Fuel levy		Environmental levy		Ad Valorem Customs / Excise duty		Tariff	
Valuation		Rules of Origin		Rebates		Refunds / Drawbacks		Warehousing		Exports	
Registration / Licensing		Penalty		Forfeiture		Interest		VAT		Other	

Details of the decision:

Date of notice of decision						C	C	Y	Y	M	M	D	D
Office that made the decision				Person who made the decision									
Bill(s) of entry number(s) and date(s) (if applicable)													
Number of pages attached to this form													

Grounds of appeal:
Notes:

- (1) A full description of **all** the facts which are required to decide the appeal **must** be provided in chronological order. If the space provided is insufficient, the facts should be provided in a separate document and be attached to this form.
- (2) All supporting documents must be listed and attached to this form in **chronological order** and must be sequentially numbered.
- (3) Failure to comply with the requirements in notes (1) and (2) may result in the appeal not being accepted as valid and rejected which will result in delays in the finalisation of the appeal.

Completed by:

Full name	Capacity	Company name	Contact Telephone number
(Signature)		(Place & date)	

Receipt details: (For Official Use Only)

Full name	Capacity	Office of Receipt	
(Signature)		(Place & date)	
Appeal Number:		Appeal Date:	

