



MAURITIUS REVENUE AUTHORITY
Customs Department, IKS Building, Port Louis
Tel No: 206 3400, Fax Nos:(230) 240 1032, (230) 240 0434
Email: customs@mra.mu

APPLICATION FOR DUTY REMISSION ON A MOTORCYCLE/AUTOCYCLE
PRB REPORT 2008

(To be completed in 6 copies)

To: Director General, MRA

Part A (to be filled in by the employee)

- 1. I, (Mr/Mrs/Miss)*
Maiden Name (where applicable)
holding the post of
at the
hereby apply for remission of excise duty on the purchase of a motorcycle/autocycle* of
...c.c. (maximum 150 c.c).
2. I have opted for the revised salaries and conditions of service prescribed in the PRB 2008 Report.
3. (a)*I have never benefited from duty remission on the purchase of a motorcycle/autocycle.
(b)*I last benefited for the 1st/ 2nd/3rd/4th * time from duty remission on the purchase of a motorcycle/autocycle* on... (Date) (Attach photocopy of Horse Power).
4. I undertake to pay proportionate duty and taxes to the Director-General, MRA whenever my contract of employment as Adviser/Officer expires/terminates* or whenever I resign or whenever I sell/dispose of the motorcycle/ autocycle before the lapse of 4 years from the date of purchase.

NIC Number (attach copy): [Grid of 12 boxes]

Telephone number (Office/Section): Mobile Number:

Date: Signature:

Part B (to be filled in and signed by Head of Ministry/Department/
Parastatal or Statutory Organization/Local Authority)

I certify that the above-named employee:

1. has opted for the revised salaries and conditions of service presented in the PRB 2008 Report;
2. holds a substantive post of..... and is eligible for the purchase of a motorcycle/autocycle*; (maximum 150 c.c)
4. is actually performing the work related to his post;
5. is not on pre-retirement leave or leave without pay or under interdiction*;
6. is/was* on leave with/without* pay fromto..... (Date)



**Delete as appropriate.*

Signature: _____
Full name: _____
Status: _____

Part C (for Official use only)

Approved under Item of Part 1 A of the First Schedule to the Excise Act.

Date: _____ **Signature:** _____
(for Director General, MRA)

ID No: _____ **Name:** _____