

MAURITIUS REVENUE AUTHORITY

CLAIM ON EXPORT OF WASTE PET BOTTLES OR PET FLAKES OR WASTE PET BOTTLES RECYCLED INTO REUSABLE GOODS

I,..... have exported waste PET bottles or PET flakes or recycled waste PET bottles into reusable goods in excess of **1,000** kgs as follows-

Date	Quarter	BOE No. (if applicable)	Bill of Lading /Other Document Reference	Quantity exported/recycled – Q (Kgs)	Amount already refunded in calendar year P (Rs)
	January-March				
	April-June				
	July-September				
	October-December				

Formula as per Fourth Schedule to the Excise Act

PART I

For the purpose of section 52A of the Excise Act, the computation of the amount to be paid shall be calculated in accordance with the below formula –

$$A = (RXQ) - P$$

Where:

A is the amount of refund to be paid in a particular quarter of a calendar year;

R is the rate of refund of Rs 5 per kg;

Q is the sum of the quantity of waste PET bottles, or PET flakes, exported or waste PET bottles recycled into reusable goods for the quarter in respect of which the amount to be refunded is claimed and the quantity of all export made or quantity recycled for the previous quarters in that calendar year;

P is the amount already refunded by the Director-General in that calendar year.



I hereby apply for the claim on export of waste PET bottles or PET flakes or waste PET bottles recycled into reusable goods amounting to Rs..... for the quarter ending (date:.....)

and the following documents are being submitted together with this form:

- 1) Bill of Lading;
- 2) Weight of waste PET bottles or PET flakes exported or waste PET bottles recycled into reusable goods duly certified by the company;
- 3) Any other document relevant to the waste PET bottles or PET flakes exported or waste PET bottles recycled into reusable goods.

I declare that the above particulars are correct.

Exporter/Recycler:.....

Signature: Company's seal:

Date:

Mode of Payment – please tick whichever is applicable

Cheque

Bank Transfer - Bank Name:.....

Bank Account No.:

.....
For Official Use Only

To Principal Finance Officer

Claim + attached documents checked and processed
Claim in order. Payment approved.

Customs Officer I / II	Technical Officer/ Team Leader
Name:	Name:
ID:	ID:
Signature:	Signature: