

**MAURITIUS REVENUE AUTHORITY**

**First Schedule  
Form No.1**

**REQUEST**

**For Extra Attendance of Officers of  
Customs & Excise**

No: \_\_\_\_\_  
For official use only

To the Director General

Place: \_\_\_\_\_

Date: \_\_\_\_\_

I/We hereby apply for the extra attendance of officers Customs Department, MRA at (a) \_\_\_\_\_

on (b) \_\_\_\_\_ from (c) \_\_\_\_\_

to (d) \_\_\_\_\_ for (e) \_\_\_\_\_

I/We undertake to pay the charges prescribed by law for such attendance.

Name and address of applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

- (a) *Insert place at which attendance is required.*
- (b) *Insert date on which attendance is required.*
- (c) *Insert time at which attendance is required.*
- (d) *Insert time at which attendance will cease.*
- (e) *Insert nature of work to be performed stating name of ship, aircraft or factory as may be appropriate.*

***N.B. This application must be presented to the Proper Officer in sufficient time to allow the necessary arrangements to be made.***

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**FOR OFFICIAL USE ONLY**

To: \_\_\_\_\_

The above request is approved. Deposit of Rs. \_\_\_\_\_ should be collected.

Date: \_\_\_\_\_ Director General: \_\_\_\_\_

## ACCOUNT OF CHARGES TO BE RAISED IN RESPECT OF THE ABOVE REQUEST

For the attendance of Officers:

Date:	From	To:	No. of hours(s)	Rate per hour (Rs.)	Rs.	Cts

For the transport of Officers:

Date:	From	To:	Particulars	Rs.	Cts
<b>TOTAL:</b>					

I certify that the above account is correct and that the charges are raised in accordance with the Customs Regulations.

Date: \_\_\_\_\_ Section Head: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

**Record of attendance of Officers employed in accordance with this request**

Date	Name	Rank	Nature of Work	Hours worked				No of hours	Rate per hour	Amount	
				AM		PM				Rs	Cs
				From	To	From	To				
Total											

N.B. Attendance on Sundays and Public Holidays to be inserted in Red ink.

Certified correct

Date: \_\_\_\_\_ Section Head : \_\_\_\_\_