



**MAURITIUS REVENUE AUTHORITY**

**Importation on behalf of Persons claiming Exemption or Concession  
(Regulation 29 of the Customs Regulations 1989)**

**PART A**

I/We\*, .....

- (a) intend to sell the goods as per **Table 3 or Table 4\***, to a person with particulars as per **Table 2** who is eligible for exemption/concession\* of duty, excise duty and taxes under:
- (i) Item ..... of Part II of the First Schedule to the Customs Tariff Act
  - (ii) Item ..... of Sub-Part ..... of Part IIA of the First Schedule to the Customs Tariff Act
  - (iii) Item ..... of Sub-Part ..... of Part IA of the First Schedule to the Excise Act
  - (iv) Item ..... of the ..... Schedule of the Value Added Tax Act
  - (v) Other, please specify, .....
- (b) request permission to remove the goods listed in **Table 3 or Table 4\*** under the proper Customs procedure code for the exemption or concession, as the case may be.
- (c) shall deliver the goods as per **Table 3 or Table 4\*** to the person mentioned in **Table 2** after clearance from Customs.
- (d) undertake to submit electronically or in such manner as the Director-General may determine, within **15 days** after clearance of the goods, a scanned copy of this Form with **PART B** duly completed and signed by the person who has benefitted from the aforementioned exemption/concession as per BOE No ..... failing which I/We\* will pay the duty, excise duty and taxes exempted together with a penalty and interest under section 24A(1)(b) of the Customs Act and a penalty of Rs 2,000 for each day of non-compliance, but not exceeding Rs 20,000 under regulation 29(3) of the Customs Regulation 1989.

**TABLE 1 - PARTICULARS OF IMPORTER**

<b>TABLE 1 - PARTICULARS OF IMPORTER</b>		
Name: .....		
TAN: .....		
Address: .....		
Phone No: .....	Mobile No: .....	Fax No: .....
Email address: .....		

Name of Applicant: .....

Capacity in which acting: .....

Signature of Applicant: .....

Date of Signature: .....

*Office Stamp (if applicable)*

\* Delete as appropriate

*All sections of this form should be duly filled-in, legible, signed and stamped. Upon completion, both PART A and PART B of this Form should be forwarded to the MRA.*

**PART B**

**TABLE 2 - PARTICULARS OF CONSIGNEE (BENEFICIARY)**

Name: .....

ID No: ..... TAN (if available): .....

Address: .....

Phone No: ..... Mobile No: ..... Fax No: .....

Email address: .....

**TABLE 3 – GENERAL GOODS**

BOE Details	Number of Packages	Full Description of Goods	Duty Exempted	Excise Duty Exempted	Taxes Exempted
BOE: .....					
BOE Validation Date: .....					
Date BOE cleared in CMS: .....					

**TABLE 4 – MOTOR VEHICLES**

BOE: .....	Full Description of Motor Vehicle: .....	
BOE Validation Date: .....	Make: .....	Model: .....
Date BOE cleared in CMS: .....	Chassis No.: .....	CPC: .....
	Duty Exempted: Rs .....	Taxes Exempted: Rs .....
	Excise Duty Exempted: Rs .....	

**I/We\* certify having received the item(s) mentioned above on .....**

Name of Signatory: .....

Capacity in which acting: .....

Signature: .....

Date of Signature: .....

*Office Stamp (if applicable)*

*\* Delete as appropriate*

*All sections of this form should be duly filled-in, legible, signed and stamped. Upon completion, both PART A and PART B of this Form should be forwarded to the MRA.*