

**APPLICATION FOR A PERMIT IN TERMS OF REBATE
ITEMS**

**320.01/5407.61/01.06; 320.01/5903.20.90/02.08;
320.01/5907.00.90/02.08, 320.01/6005.3/01.05**

**FOR REBATE OF DUTY ON QUALIFYING FABRICS USED IN
THE MANUFACTURE OF UPHOLSTERED FURNITURE.**

**NOTE: PERMITS IN RELATION TO THESE REBATE
PROVISIONS SHOULD BE APPLIED FOR AND RECEIVED
BEFORE THE GOODS CONCERNED ARE SHIPPED**



APPLICATION FORM

BEFORE COMPLETING THIS FORM, PLEASE ACQUIANT YOURSELF WITH THE GUIDELINES AND CONDITIONS PERTAINING TO THESE REBATE ITEMS

**320.01/5407.61/01.06; 320.01/5903.20.90/02.08;
320.01/5907.00.90/02.08,320.01/6005.3/01.05**

FOR REBATE OF THE DUTY ON FABRICS USED IN THE MANUFACTURE OF UPHOLSTERED FURNITURE.

NB: ALL INFORMATION REQUESTED SHOULD BE FURNISHED

<p>1 (a). Applicant's name and postal address:</p> <p>Contact Person:.....</p> <p>Position:.....</p> <p>Address:.....</p> <p>Tel No.:.....</p> <p>Fax No:.....</p> <p>Date completed:.....</p> <p>Email add:.....</p> <p>VAT Registration No:.....</p> <p>TIN No:.....</p>	<p>1(b). Physical address where manufacturing will take place:</p>
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2 (a). In the event that the applicant will make use of the services of the CMT, provide the details of the CMT as indicated in paragraph 1.

2 (b) List the products that will be manufactured by the CMT and volumes to be produced.

3 (a). Technical description of the FABRICS that will be imported:

1.
2.
3.

3 (b). Furnish the following information in respect of each of the FABRICS mentioned in 3(a)

	1	2	3	4	5	6
Product	HS Tariff code (8-	Duty payable	Estimated quantity	Customs (f.o.b)	Country of origin	Planned date of

	digits)			Value		importation
1.						
2.						
3.						

4 (a). Description of the products that will be manufactured from the fabrics described in 3(a)

1
2
3

4 (b) Furnish the following information in respect of each of the products mentioned in 4(a):

Product	1 HS Tariff code 8- digits	2 Quantity to be processed	3 Estimated sales value (ex-factory)
1.			
2.			
3.			

5. Furnish the following information in respect of the Yield/formula of manufacture: What quantities of each of the fabrics listed in 3(a) will be needed to produce a UNIT quantity of the product listed in 4(a)?

6. Describe the method of manufacturing of products mentioned in 3(a)

7. Furnish the following information in respect of the value of total sales in the Southern African Customs Union (SACU) as well as exports for the past three years in respect of the products mentioned in 4(a):

Year	Product	HS Tariff code (8 – digits)	Total Sales (in SACU)	Total export sales

8. (a) Are the goods/materials/components to be imported (as mentioned in 2(a) manufactured locally?

YES	NO
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8. (b) Why do you have to import the goods/materials/components? (This information is for record purposes only).

9. Provide information pertaining to the number of jobs the firm will create annually as a result of the rebate. (*Submit with the application a letter signed by the Chief Executive Officer to provide a quarterly report on job creation performance*)
10. State the increased economic benefits that can be realised subsequent to being granted tariff relief, by completing the table below:

Reciprocity commitments

No. Items	Should the support be given		
	Year 1	Year 2	Year 3
1. Expected total production volume (KG/li/unit)			
2. Expected ex-factory selling price/per (KG/li/unit)			
3. Expected total investment (Pm)			
Plant & Machinery			
Buildings			
4. Supply side measure (Pm)			
Research and development			
Skills development and training			
Upgrading machinery & equipment			
Other (list)			
5. Expected total export			
Volume (KG/li/unit)			
Value (P)			
6. Expected total employment			
Skilled			
• Youth (18-35)			
Semiskilled			
• Youth (18-35)			
Unskilled			
• Youth (18-35)			
Total direct factory workers			
• Youth (18-35)			
7. Total expected wage (P)			
Skilled			
• Youth (18-35)			
Semiskilled			
• Youth (18-35)			
Unskilled			
• Youth (18-35)			
Total direct factory workers			
• Youth (18-35)			

11. Give an assessment (consumer benefit or downstream benefit to a specific industry) of how your cost and price structure would be affected should the permit application succeed. To what extent will your firm's selling price for the product be influenced should the permit application be successful?

12. How do you support or plan to support the participation in manufacturing and related activities by small businesses, citizen-owned enterprises and Common Customs Area supply chains?
13. Submit with the application a letter signed by the Chief Executive Officer to provide an annual report on reciprocity commitments made in paragraph 10.
14. Name of Chief Executive Officer:.....
- Tel No:.....Fax No:.....



SWORN AFFIDAVIT

DECLARATION IN RESPECT OF AN APPLICATION FOR A PERMIT FOR REBATE OF DUTY ON TEXTILE FABRIC USED IN THE MANUFACTURE OF UPHOLSERED FURNITURE IN TERMS OF REBATE PROVISIONS 320.01/5407.61/01.06; 320.01/5903.20.90/02.08 , 5907.00.90/02.08 AND 320.01/6005.3/01.05 OF SCHEDULE 3 TO THE CUSTOMS ACT, NO. 33 OF 2018.

NB: The obligation to complete and submit this declaration cannot be transferred to an external authorized representative, auditor or any other third party acting on behalf of the claimant

I, (full names) with identity number, in my capacity as – Managing Director/Chief Executive Officer (in respect of a company) or senior member/ person with management responsibility (close corporation, partnership or individual)

(Delete whichever is not applicable)

of..... (hereinafter referred to as the applicant) hereby declare that –

- a) the applicant complies with prescribed requirements in order to qualify for rebate in terms of the above-mentioned rebate provision;
- b) I have satisfied myself that the preparation of the application has been done in conformity with the guidelines and requirements in respect of the above-mentioned rebate provision, with which I have fully acquainted myself and to which I unconditionally agree to;
- c) I accept that the decision by the Chief Executive Officer: Botswana Trade Commission will be final and conclusive and that the said Chief Executive Officer may at any time conduct or order that an investigation to verify information furnished in the application form, be conducted;
- d) The information furnished in this application is true and correct;
- e) The applicant or any one of its associates, or related party is not subject of an investigation by either the Botswana Police Service, the Directorate on Corruption and Economic Crime, Botswana Trade Commission or the Commissioner General for Botswana Unified Revenue Service into previous claims or other related matters.

NAME: DESIGNATION:

SIGNATURE: DATE AND YEAR:

I CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS AFFIDAVIT, AND THAT HE HAS NO OBJECTION TO TAKING THE PRESCRIBED OATH, AND THAT HE CONSIDERS THIS OATH TO BE BINDING ON HIS CONSCIENCE.

SIGNED and SWORN to before me at on this Day of Year.....

COMMISSIONER OF OATHS

FULL NAMES:

CAPACITY :.....