

SARS		EXCISE ACCOUNT		TOBACCO PRODUCTS (SOS) - SPECIAL STORAGE WAREHOUSE										DA 260					
LICENSED WAREHOUSE NAME >>>> PHYSICAL ADDRESS >>>> >>>> >>>>							WAREHOUSE NUMBER >>>> EXCISE CLIENT CODE >>>> YEAR & MONTH(S) >>>> FROM DATE >>>> TO DATE >>>>												
PRODUCT CODE >>>> TARIFF ITEM(S) >>>>		CTOB		PTOB		PTOB		CGS		CGAR		HTOB		QTOB		ITOB		ITOB	
		104.35.05	104.35.15	104.35.01	104.35.02	104.35.03	104.35.17	104.30.07	104.30.15	104.30.03	104.30.11	104.35.09	104.35.19	104.37.05	104.37.11	104.37.15	104.37.07	104.37.13	104.37.17
STATISTICAL UNIT >>>>		KG		KG NET		KG NET		CIGARETTES		KG NET		KG		KG		STICKS		KG	
Opening Balance Plus Receipts From CAE Warehouses = SUBTOTAL Less Non-Duty Paid Removals = Closing Balance		DA 260.02																	
DA 260.04																			
DECLARATION I (Name & Surname) _____ In MY CAPACITY AS _____ FOR (Licensee Name) _____ HEREBY DECLARE THAT ALL INFORMATION SUPPLIED ON THIS DOCUMENT IS TRUE AND CORRECT. SIGNATURE _____ DATE _____																			
FOR OFFICIAL USE ONLY																			
CONSOLIDATED DECLARATIONS Code Number Date		ASSURANCE ACTIVITY Accepted Face Checked Compliance Checked		NAME		SIGNATURE		DATE		DATE RECEIVED (OFFICIAL DATE STAMP AND SIGNATURE)									

