



## APPLICATION FOR REFUND/REMISSION/DRAWBACK

(REGULATION 28, 29 & 31 OF CUSTOMS REGULATIONS ORDER NO. 113 OF 2014)

**Lodgment number:**

### 1. Details of Applicant

Name of Owner:

Name of Customs Broker:

### 2. Details of Goods

SAD Ref number	Item number	Description of goods	Amount of Refund/Remission/Drawback

### 3. Reason for Refund/Remission/Drawback

Please provide reasons here:

*If space is insufficient, please attach extra pages.*

### 4. Details of Payment

Name of payee:

Standing authority number:

Address:

Bank name:

Branch and code (BSB):

Bank account number:

Joint account initials (if applicable):

#### For official use only

Recommendation	Approval
Refund should be paid? Yes <input type="checkbox"/> No <input type="checkbox"/>	Refund/Remission/Drawback approved? Yes <input type="checkbox"/> No <input type="checkbox"/>
Processing officer:	Authorized officer:
Date:	Date: