

**Swaziland Government**  
**Ministry of Finance**  
**P.O. BOX 443**  
**MBABANE.**

**IMPORTANT NOTE BEFORE FILLING THE APPLICATION FORM (PRIVATE/OR PERSONAL)**

- (a) Please apply before importation of goods.
- (b) Please note that all private/individual applicants may not be allowed to import more than one motor vehicle within a period of (12) twelve months.
- (c) Attach invoice or pro forma invoice of the goods imported with complete description of goods including engine number, chassis number, year of manufacture, letterheads of supplier with contact details including invoice number.
- (d) Attach copies of your passport.
- (e) Non Swazis should provide residence/work permits.
- (f) Tax Clearance Certificate for the applicant must be attached.
- (g) Tariff heading is obtainable from clearing agents
- (h) Incompletely filled application forms will be returned. No refund of stamps will be made for rejected applications.
- (i) Submit eight copies (including all attachments as stipulated in (c), (d), (e), and (f) above of the completed form by **Monday 4.00 p.m.**
- (j) If you are importing a Motor Vehicle ensure that in 10 below you give as description the vehicle's make, engine and chassis numbers.
- (k) Please note that if you intend to import a used motor vehicle, no Import Permit will be approved for an application for a vehicle whose age is more than fifteen (15) years old.

1. Name of Applicant.....

2. Graded Tax number.....

3. Postal Address:.....

4. Physical Address.....

5. Telephone Number:..... Cell phone:..... Fax:.....

6. Name of employer, company or Business.....

7. Occupation .....

8. Are you applying for the first time?.....

9. If no above state the date on which you obtained the last Import Permit.....

10. Details of goods for which import permit is required for. (Individual items and individual f.o.b. costs must be shown).

<u>QUANTITY</u> (Weight, Volume, Number etc)	<u>DESCRIPTION</u>	<u>F.O.B. VALUE</u> (Emalangen)	<u>TARIFF</u> <u>HEADING</u>
.....	.....	.....	.....
.....	.....	.....	.....

**TOTAL**    **E**.....

11. Country(ies) of origin of goods being imported .....

12. State reasons why the goods have not been obtained locally (i.e. Customs Union Countries)

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13. Purpose for which goods will be used .....

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14. I, ..... (Swazi citizen, temporary resident, etc) and an ordinary resident in ..... do hereby declare that the information given in this declaration is to my knowledge and belief true and correct. I further declare that these goods are for my private consumption in Swaziland only, and not for commercial purposes.

Date: .....

Signature: .....

**NOTE:**

- (a) This application is to be submitted to the Principal Secretary, Ministry of Finance, P.O. Box 443, MBABANE.
- (b) Uncancelled revenue stamps of E1.00 for every Two Thousand Emalangenani (E2, 000) must accompany this application. Application without stamps will not be considered.
- (c) Incompletely filled application forms will be rejected. No refund of stamps will be made on rejected applications.
- (d) On utilization, the Import Permit is to be returned to the address in (a) along with proof of importation of the goods into Swaziland. This should be a copy of the customs bill of entry and Swaziland Customs Form D.