



Swaziland Revenue Authority

APPLICATION FOR SPECIAL OR EXTRA ATTENDANCE

The Commissioner General

SERIAL NUMBER	
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.....

I/We require the attendance of (number).....officer(s) between the hours of.....
 and..... on (Date)...../...../..... for the purpose
 of (state nature of service required).....

.....

and agree to pay the amount due for such attendance/for purposes stated in Regulations 66(2)
 (ii) and 67(3) for which no attendance charge is applicable

.....
 Date Name of person/firm Signature of person/firm representative

Name of Officer(s)	Rank	Date and Time of actual attendance	No. of Hours	Amount Due	
				Emalangeneni (E)	Cents (C)
Total amount Due to the SRA					

Paid to receipt number		Dated	
Cashier.....			

I/We..... were present during the above-mentioned period stated in the above-mentioned application for special/extra attendance.

.....
Signature of Officer (s)

.....
Signature of person/firm representative

Date.....

Station Manager.....