



# Eswatini Revenue Authority

DOMESTIC TAXES DEPARTMENT

STAMP

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## REVERSE CHARGE-VAT DECLARATION FORM

TIN

(Use only for reverse charge on imported services)

### IMPORTER OF SERVICES

Name of Importer

Physical Address

Postal Address

Contact Number

Email

### INVOICE DETAILS (Copies of all invoices listed in this section **SHOULD** be attached to this declaration)

Invoice Date	Invoice No	Name of foreign service provider	Brief description of services supplied	Taxable value E	15% VAT E
			TOTAL		

NB: Attach schedule in similar format where there is not enough space.

I, the undersigned, declare that the above information is true and correct. I enclose a payment of E\_\_\_\_\_ in respect of VAT payable on imported services into the Kingdom of Eswatini

Date

Name

Signature of Public Officer..

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