$\begin{array}{c} \star \\ \star \\ \star \\ \star \\ \star \end{array}$	Es	watini Re	evenue Service		
YED	90	DOMESTIC T	AXES DEPARTMENT		
Eswatini Rever	ue Service	Portion 419 of Farr	n 50, Along MR103, Ezulwini		
Email Address: info@	ers.org.sz Te	1: (+268) 2406 4000	Contact Centre: (+268) 2406 4050	Website: www.ers.org.sz	
PAD 01	PAYMEN	T ADJUSTM	ENT REQUEST FORM		
	Please	complete this form	and email to info@ers.org.sz		
he Remittance form mine tax type to another o			uesting for a payment adjustment to ha	ve funds transferred from	
			eserves the right to grant or not gr	ant the request.	
Details of Payment	to be transferred	(tick box below)			
ROM:		1			
IAT Income Tax Pro	ovisional Tax PAYE	PAYE Recon	VAT Income Tax Provisional Ta	x PAYE PAYE Recon	
11					
ax Period (from)			Tax Period (to)		
TIN (from)			TIN (to)		
Details of Taxpaye					
Name					
Surname					
Reason (s) of	41				
payment adjustment					
etails of requesti	lg person —				
Name (
Surname					
Contact		Receipt Numbe	er Amount to	be transferred: <u>E</u>	
eclaration		<u> , .</u>			
the undersigned her urther confirm that I h			RS to effect the payment adjustment	(s) as stated above and	
			of Taynaver [.]		
Date		Signature of Taxpayer:			
Date		-	by Supervisor/Manager:		

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