



MAURITIUS REVENUE AUTHORITY
Customs Department, IKS Building, Port Louis
Tel No: 206 3400, Fax Nos:(230) 240 1032, (230) 240 0434
Email: customs@mra.mu

APPLICATION FOR DUTY REMISSION ON A MOTORCYCLE/AUTOCYCLE
PRB REPORT 2008

(To be completed in 6 copies)

To: Director General, MRA

Part A (to be filled in by the employee)

- 1. I, (Mr/Mrs/Miss)\*... (Full Name & Maiden Name where applicable in block letters)
holding the post of ...
at the ... (State Name & full Address of Organization)
hereby apply for remission of excise duty on the purchase of a motorcycle/autocycle\* of ...
...c.c. (maximum 150 c.c).
2. I have opted for the revised salaries and conditions of service prescribed in the PRB 2008 Report.
3. (a)\*I have never benefited from duty remission on the purchase of a motorcycle/autocycle.
(b)\*I last benefited from duty remission on the purchase of a motorcycle/autocycle\*
on..... (date) (attach photocopy of Horse Power).
4. I undertake to pay proportionate duty and taxes to the Director-General, MRA whenever my contract
of employment as Adviser/Officer expires/terminates\* or whenever I resign or whenever I
sell/dispose of the motorcycle/ autocycle before the lapse of 4 years from the date of purchase.

NIC Number (attach copy): [Grid of 13 boxes]

Telephone number (Office/Section): \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Date \_\_\_\_\_ Signature: \_\_\_\_\_

\* Delete as appropriate.

**Part B** (to be filled in and signed by Head of Ministry/Department/  
Parastatal or Statutory Organization/Local Authority)

I certify that the above-named employee:

1. has opted for the revised salaries and conditions of service presented in the PRB 2008 Report;
2. holds a substantive post of..... and is eligible for the purchase of a motorcycle/autocycle\*; (maximum 150 c.c)
4. is actually performing the work related to his post;
5. is not on pre-retirement leave or leave without pay or under interdiction\*;
6. is/was\* on leave with/without\* pay from .....to..... (date)



*\*Delete as appropriate.*

**Signature:** \_\_\_\_\_  
**Full name** \_\_\_\_\_  
**Status:** \_\_\_\_\_

**Part C** (for Official use only)

Approved under Item ..... of Part 1 A of the First Schedule to the Excise Act.

**Date** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
*(for Director General, MRA)*

**ID No:** \_\_\_\_\_ **Name:** \_\_\_\_\_