HM Revenue & Customs

Hydrocarbon oil drawback Summary sheet and claim

Full name of exporter or agent *including title*

Address

Postcode

Full name of payee *if different to exporter*

Address

Postcode

Claim number	Year	Period number	Year	Approval number
of	2 0	of	2 0	

Description of goods exported	Total quantity exported	Rate of drawback	Amount of drawback £
		Total drawback	
	Add _____ % Special surcharge		
	Minus _____ % Special surcharge		
	Total claimed		

You can avoid a financial penalty by making sure that you declare complete and accurate information on this form.
You have the right to appeal if we impose such a penalty.

Declaration

I declare that the information on this form is true and complete. The conditions under which drawback is payable have been met and no other claim for this drawback has been, or will be, made under any other scheme.

The Excise Duties have been paid on the quantities shown. If called upon by HMRC, I undertake to prove that the amount claimed is not more than that due and if they are not satisfied with such proof, I will repay the excess.

Signature *this must be the proprietor, partner, director, company secretary or duly authorised person*

Date *DD MM YYYY*

Calculations checked

Claim verified/not verified

No ☐   Yes ☐   No ☐   Yes ☐

Checking Officer (initials)   Authorised for payment (initials)

☐☐☐☐   ☐☐☐☐

For Collector's office use

DAS Codes

Description type ☐☐   Transaction type ☐☐☐   Series ☐   Debit or credit ☐

Cost centre ☐☐☐☐☐   Account 6 3 5 ☐☐   Transaction total ☐☐☐☐☐☐☐☐☐☐

Accounting document number ☐☐☐☐☐☐☐☐   Add to P/O – Y or N ☐   Create P/O – Y or N ☐

DAS Codes

Description type ☐☐   Transaction type ☐☐☐   Series ☐   Debit or credit ☐

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Description type ☐☐   Transaction type ☐☐☐   Series ☐   Debit or credit ☐

Cost centre ☐☐☐☐☐   Account 6 3 5 ☐☐   Transaction total ☐☐☐☐☐☐☐☐☐☐

Accounting document number ☐☐☐☐☐☐☐☐   Add to P/O – Y or N ☐   Create P/O – Y or N ☐

Payable order number ☐☐☐☐☐☐☐☐☐☐☐☐☐   Date of issue ☐☐ ☐☐ ☐☐☐☐

Total payable   Period of claim

£ ☐☐☐☐☐☐ · 0 0   From *DD MM YYYY*

                         ☐☐ ☐☐ ☐☐☐☐

Payee

☐   To *DD MM YYYY*

                         ☐☐ ☐☐ ☐☐☐☐

Address

                         Prepared by

☐

                         Checked by

☐

Postcode