

Claim for repayment or remission of import duty, CAP charges, ADD charges, VAT and Excise duty paid on rejected imports

When to use this form

Use this form to claim repayment or remission of customs charges on goods which are not in accordance with contract, defective, or damaged before they are cleared at customs. Before completing this form please go to www.gov.uk and read 'Refunds and waivers on customs debt'.

Please complete all relevant sections as appropriate and attach the correct supporting documents for your claim. You must make sure your claim reaches the National Rejected Imports Team 48 hours prior to disposal of the goods. The address to send your completed claim is on the back of this form.

| Date stamp of receipt within HMRC | |
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| Part A Applicant's details | | |
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| Is this claim new or resubmitted? New Resubmitted | | |
| (A) Importer | (B) Representative, if necessary | |
| Name - for companies and other legal entities, give the company name and name of the person to contact about the claim | Name - for example, freight agent, company accountant, or customs broker | |
| Address | Address | |
| Address | | |
| | | |
| Postcode | Postcode | |
| Phone number | Phone number | |
| | Email address | |
| Email address | | |
| Economic Operator Registration and Identification (EORI) number or VAT Registration Number | Economic Operator Registration and Identification (EORI) number or VAT Registration Number | |
| | | |
| Person to be repaid: Importer Representative | You must attach a letter of authority to the claim if you want the repayment to be made to the representative. | |
| Bank account details | | |
| These details are required to enable HM Revenue and Customs (HMRC) to make the repayment directly into a bank account through Bacs (Bankers Automated Clearing Services), which is safer and quicker than a payable order. | | |
| Account name - not the name of the bank | Account number | |
| | | |
| Sort code | | |
| | | |

| Part B Reason for rejection | | | | | | | | | |
|---|----------------------------|-------------------------------|----------|-----------------------------------|----------------------------------|---|--------------------------|---------------------------|--|
| Not in accordance with contract | One or mo | One or more special situation | uations | Please provide de | tails below or use | Please provide details below or use a separate sheet, if needed | P | | |
| Defective | | | | | | | | | |
| Damaged before Customs clearance | | | | | | | | | |
| | | | | | | | | | |
| Details of rejected goods | | | | | | | | | |
| Goods | Commodity code (10-digit) | | Quantity | Value (£) from the import invoice | Port, airport or postal depot | Entry Processing Unit and entry number | Entry date DD MM YYYY | Postal tracking number | |
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| Please continue on a separate sheet for additional entries | additional entries | _ | _ | | | | - | | |
| Method of disposal: | | | | | | | | | |
| Export Postal export | Donation to charity | Destruction | tion | Placed in a Customs warehouse | ms warehouse | Export in baggage | | | |
| The goods described above will be available for inspection on | lable for inspection on | | | DD MM YYYY | ξ. | | | | |
| at the address given in Part A(A) or Part A(B) or at the address given below. | t A(B) or at the address g | jiven below. | | | | | | | |
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| | | | | | | | | | |
| Postcode | | | | | | | | | |
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| Part C Documents supplied Please put an 'X' in the boxes below to show which documents | you have included with this claim. |
|---|---|
| Documentary proof that the goods are faulty or not what you ordered Ir | nport entry and invoice or sales receipt |
| • • | alculation worksheet - if you are claiming proportion of the charges paid |
| Part D Claiming repayment or remission I/We claim repayment or remission of the following duty and a Please put an 'X' in the appropriate boxes below. | gree to bear the cost of destruction. |
| Import duty in the sum of | • 0 0 |
| CAP charges in the sum of | |
| ADD charges in the sum of | • 0 0 |
| Import VAT in the sum of | • 0 0 |
| Excise duty in the sum of | .00 |
| | |
| Declaration | What to do next |
| Please complete and sign this declaration. I declare that the information provided on this claim is true | Please send the completed claim form and any supporting documents to: |
| and complete to the best of my knowledge and belief. | Business, Tax and Customs |
| Full name of signatory use capital letters | National Rejected Imports Team HM Revenue and Customs |
| | Erskine House |
| | 20–32 Chichester Street Belfast |
| Signature | BT1 4GF |
| | What will happen when we get your completed claim form |
| Status of signatory for example, importer or representative | We will deal with your claim within 30 days from when we receive it. If we need any more information we will contact you. |
| Date DD MM YYYY | |
| | |

| For HMRC use only | |
|---|-------------------|
| Claim reference number | Signature |
| C&E1179 / / | |
| Claim authorised / rejected / refused / considered withdrawn (Please delete as appropriate) | Grade |
| Repayment to be made in the sum of: £ | Counter signature |
| Amounts notified electronically to Cumbernauld for payment | |
| Yes No | Grade |
| | |
| | Office date stamp |
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