

ZIMBABWE REVENUE AUTHORITY

SPIRIT REBATE BOND

BY THIS BOND WE		
of	, as Principal	
and		
of	, as Surety	
(amount in words)said Authority, to which p	unto the Zimbabwe Revenue Authority in the sum of Z\$	
	above-bounded Principal is desirous under the provisions of the Customs and Excise using, for manufacturing purposes, spirits in respect of which a rebate of the customs or able has been granted:	
NOW the conditions of the above-written bond are such that if the said Principal –		
(i)	does not engage in any attempt by himself, or in collusion with others, to defraud the said Authority of any duty on spirits obtained by him under rebate; and	
(ii)	renders truly and completely all the returns and statements prescribed or required in terms of the said Act; and	
(iii)	in all respects complies with the terms of the said Act;	
then the above-written bond shall be void, but otherwise shall remain in full force.		
	of any failure to comply with the above conditions, the amount specified above plus ount as the Commissioner may determine, shall immediately become due and payable	
The Surety hereby renounces each and every benefit which might otherwise be available to him against the creditor and, in particular, the benefit of excussion and division, with the nature, force and effect of which the Surety acknowledges himself to be fully acquainted.		
an intention to do so has b before such cancellation.	ty shall not be entitled to cancel their liability under this Bond unless written notice of een given to and acknowledged by the Commissioner at least three calendar months. The Commissioner shall not allow such cancellation until he is satisfied that the lunder the provisions of the said Act have been complied with.	
Signed by the Principal at	on	
this	day of(month)(year)	
(Full names) (Signature)		
DESIGNATION		

2/....

In the presence of –	
Witness(Full names)	(Signature)
Witness (Full names)	(Signature)
Signed by the Surety at	on
this day of	(month) (year)
(Full names)	
(Designation)	
OFFICIAL STAMP OF SURETY	
In the presence of – Witness	
(Full names)	(Signature)
Witness(Full names)	(Signature)
FOR ZIMRAUSE	
	BOND NO:
Date received	
Name and Signature of Supervisor	Name and Signature of Coordinator
Date Stamp	
	For Regional Manager (Name and Signature)