Please address all correspondence to:
The Chief Executive Officer
Fiji Revenue and Customs Service
Private Mail Bag Suva Fiji
T +679 324 3000 F +679 331 5537
info@frcs.org.fj frcs.org.fj

FIJI REVENUE AND CUSTOMS SERVICE

MONTHLY RETURN FORM- GAS/IDO/ADO

CONCESSIONAIRE: _____

PRODUCT NAME: _____

RETURN FOR THE MONTH: _____ YEAR _____

SUPPLIER [FUEL COMPANY]: _____

[CONCESSIONAIRE]: _____

OPENING STOCK FOR THE MONTH: _____ (LTRS)

PURCHASES MADE DURING THE MONTH: _____ (LTRS)

TOTAL STOCK ON HAND DURING THE MONTH: _____ (LTRS)

USAGE FOR THE MONTH: _____ (LTRS)

CLOSING BALANCE: _____ (LTRS)

TOTAL PURCHASES TO DATE: _____ (LTRS)

TOTAL USAGE TO DATE: _____ (LTRS)

I/We, the concessionaire, declare that the foregoing data entries are true and correct in all respect and no matter or thing required to be stated has been omitted there from. I/We further declare that the above fuel was directly used for the purpose for which exemption, remission, rebate, concession has been granted.

_____ _____
[Owner, Signature, Company Stamp] [Date]

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FIJI REVENUE AND CUSTOMS SERVICE

Re: APPLICATION FOR DUTY CONCESSION ON INDUSTRIAL/AUTOMOTIVE DISTILLATE OIL

We hereby apply for duty concession on IDO/ADO for our company for the year .....

Dear Sir/Madam

DETAILS

Name of Company: .....

Mailing Address : .....

Telephone Number: .....

Email Address: .....

Fax Number : .....

Nature of Business: .....

Product to be Purchased: .....

Supplier : .....

Estimated Volume Consumed per month: .....

Estimated Volume Consumed per year: .....

Intended Use: .....

Other Relevant Details: .....

.....

.....

Yours faithfully

Name: ..... **Date:** .....

Signature: .....

Company Stamp: .....