

Name of Taxpayer/Claimant
SCHEDULE OF IMPORTATIONS
 Corresponding to the VAT Payments Sought to be Refunded

| Reference | | Name of Supplier | Country of Origin | IEIRD/ SAD No. | Date of Arrival | Commercial Invoice No. | Date of Commercial Invoice | Item Description | Total Value Subject to VAT | VAT Payment | SSDT/ BOC OR No. | SSDT/BOC OR Date |
|------------|----------|------------------|-------------------|-------------------|-----------------|------------------------|----------------------------|------------------|----------------------------|-------------|------------------|------------------|
| Folder No. | Page No. | | | | | | | | | | | |
| | | | | | | | | | | | | |

Total

