KENYA REVENUE AUTHORITY

ISO 9001:2000 CERTIFIED

MONTHLY RETURN FOR VAT REFUND AUDIT CERTIFICATES

(Must be completed by Auditors who issue certificates in support of VAT refund claims)

RETURN FOR THE MONTH OF……

DATE OF RETURN……

NAME OF ISSUING FIRM……..

PHYSICAL ADDRESS……

PIN NO……

PRACTISING CERTIFICATE NO……

ADDRESS…….....

TELEPHONE……

EMAIL……..

	CERTIFICATE NO.	DATE ISSUED	TAXPAYER/NAME	TAXPAYER PIN	CLAIM PERIOD	AMOUNT CLAIMED (SH)	AMOUNT CERTIFIED (SH)	ASSIGNMENT PARTNER

(Use additional sheet if necessary)

I, (full name of signatory)……declare that this return is a full and true statement of all particulars required.

Desisgnation……

Signature……