

**Annexure 3: Form ECSPAD**

**EXCHANGE CONTROL SERVICE PAYMENTS DECLARATION FORM**

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| --- | --- |
| **Date** |  |
| **To:** | **The Director, Exchange Control Division, 80 Samora Machel Avenue, Harare** |
| **Name of Authorised Dealer (Bank)** | POSB |
| **Name of the Importer (Services)** |  |
| **Service Agreement Exchange Control Registration Number & Date** |  |
| **Total Amount Paid for Services Rendered (USD)** |  |
| **List of Supporting Documentation Attached e.g.:**1. **Invoice from Service Provider showing nature of work done;**
2. **Proof of Payment of Withholding Tax to ZIMRA**
 | 1. ……………………………………………………..
2. ………………………………………………..……
3. ……………………………………………………..
4. ……………………………………………………..
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| **Declaration by the Importer Representative who should be at the level of the Chief Executive Officer/Finance Director** | **Full Name & ID** |  |
| **Designation/Job Title**  |  |
| **Signature**  |  |
| **Information Verified by****Authorised Dealer (KYC)** | **Full Name & Designation** |  |
| **Signature** |  |
| This declaration is made in compliance with the provisions of Section 41 of the Exchange Control Regulations, Statutory Instrument 109 of 1996. I acknowledge that providing false information is a breach of Paragraph (b) of subsection (1) of Section 5 of the Exchange Control Act [Chapter 22.05] and doing so will render me liable to prosecution under the Act. |