

**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. …………………………………………………….. |
| **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. | | | |