

This form must be completed and accompany any and all refund claims, drawbacks or amending entry requests to the Claims Department.

Account #: _____ **Date:** _____

Importer Name: _____

Contact: _____

Telephone: _____ Fax: _____

TSR Name & Location: _____

Transaction #: _____ **Date:** _____

Cole Invoice #: _____

Adjustment Type: Chargeable N/C DS/GS/RF Issue Yes No

Copy of transaction back-up. *(If not in the imaging system)*

Full detailed explanation or justification for claim or amend, including intended tariff classification numbers *(see comments field)*.

Description literature *(if tariff is being requested)*

Customs ruling *(if applicable)*

Credit Note *(if goods are returned, etc.)*

NAFTA Certificate of Origin *(if tariff treatment is being adjusted)*

NOTE: the NAFTA provided must be completed, correct and signed. The Claims Department will not pursue a NAFTA that is not ready to be submitted to the CBSA.

Comments:

If non-chargeable, provide detailed information as to “why” below

1) Duty Refund:

Is the client going to pay the invoice balance less the refund (short pay)? Yes No

Provide the name and contact details for the person you spoke with at the client's office:

Name: _____

Phone #: _____

Email: _____

OR

Does the client require a corrected invoice? Yes No

Provide the name and contact details for the person you spoke with at the client's office:

Name: _____

Phone #: _____

Email: _____

2) Amend No Refund:

Is the client going to take an input tax credit (ITC) and pay our invoice as originally provided?

Yes No

Do they require a copy of the B2 before they will pay our invoice? Yes No

Are they refusing to take an input tax credit (ITC)? Yes No

If YES, please provide a detailed explanation below.

Provide the name and contact details for the person you spoke with at the client's office:

Name: _____

Phone #: _____

Email: _____