



REPUBLIC OF NAMIBIA
MINISTRY OF AGRICULTURE, WATER AND LAND REFORM

Reimbursement of Overpayment of Land Tax

Land Valuation and Taxation Regulations:
 Agricultural (Commercial) Land Reform Act, 1995 (Act No. 6 of 1995)

(Regulation 25)

**To: The Chairperson, Land Reform Advisory Commission,
 C/O Ministry of Land Reform, Private Bag 13343, Windhoek, Namibia**

(Complete in Capital Letters)

A. DETAILS OF OWNER

Full Names of Owner (Individual, Close Corp., etc.)

Postal Address

Tel. No. Fax No. E- mail

ID No. (Individual or Company Registration No.) Date of Birth/ Registration

Nationality

B. TAX YEAR, DETAILS OF FARM FOR WHICH REFUND IS APPLIED

TAX YEAR TAX REF. NO.

Region (e.g. Omaheke) Registration Division (e.g. L)

Farm Name Title Deed No.

Farm No: Extent (Ha) USV N\$

C. REASONS FOR REFUND

☐ Double payments

☐ 100% Exemptions

☐ Overpayment

☐ Consolidations

☐ Settlements/Townlands

☐ Subdivisions

D. LAND TAX CALCULATION

Land Tax Amount Payable

N\$

Amount of Land Tax Paid

N\$

Land Tax Amount To Be Refunded

N\$

Refund

N\$

I declare that the particulars given above are true.

Signature

Date/...../.....

(Owner / Representative)

IF REPRESENTATIVE, DETAILS OF REPRESENTATIVE

Full Names	<input type="text"/>		
Postal Address	<input type="text"/>		
Telephone No.	<input type="text"/>	Fax No.	<input type="text"/>
		E-mail	<input type="text"/>
ID No.	<input type="text"/>	Date of Birth	<input type="text"/>
		Occupation	<input type="text"/>

E. FOR OFFICIAL USE

Application for Refund:	Yes	<input type="text"/>	No	<input type="text"/>
Land Tax Receipts attached:	Yes	<input type="text"/>	No	<input type="text"/>
Refund amount verified and is correct	Yes	<input type="text"/>	No	<input type="text"/>
Refund amount verified and is incorrect	Yes	<input type="text"/>	No	<input type="text"/>
Correct Amount	<input type="text"/> N\$ <input type="text"/> <input type="text"/>			

Compiled By: ASSISTANT VALUER/VALUER	<input type="text"/> Name and Signature	Date <input type="text"/> DD MM YYYY
Checked By: VALUER/ CHIEF VALUER	<input type="text"/> Name and Signature	Date <input type="text"/> DD MM YYYY
Certified Correct By: DEPUTY VALUER GENERAL	Protasius Thomas Name and Signature	Date <input type="text"/> _____
Verified By: VALUER GENERAL	Rudolf !Nanuseb Name and Signature	Date <input type="text"/> _____
Recommended By: DEPUTY EXECUTIVE DIRECTOR	<input type="text"/> Name and Signature	Date <input type="text"/> DD MM YYYY
Approved By: EXECUTIVE DIRECTOR	Ndiyakupi Nghituwamata Name and Signature	Date <input type="text"/> DD MM YYYY

REMARKS:.....
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