

THE STANDARDS ACT (CAP. 496) STANDARDS LEVY RETURN FORM

DATE STAMP

- 1. Name
- Address
- Telephone No.
- Entry No.

- 2. Period covered by this return, from 20..... to

3 Commodity	4 Quantity of manufacture	5 Total Value ex-factory KShs.	6 Rate of levy	7 Total levy payable	8 Amount paid KShs.	9 Balance KShs.

Explanation of balance

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I,, hereby certify that the information in this return is true, correct and complete.

Signature and position
(Company stamp)

Date	Amount paid	Receipt No.	Period of which payable	Penalty rate	Penalty payable	Total amount payable	Balance	
							Dr	Cr

To be submitted to the Managing Director in duplicate