

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

DATE STAMP

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

- 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.

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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**