

**Tax Division**
**P.O Box 50, Maison Collet, Republic of Seychelles**
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**Partnership Payment by Instalment Form**

This form should be completed by taxpayers in partnership for all formal request for payment by instalments. Applicants must ensure to insert the correct information on the form and to complete all required fields.

Section A: Application Details		
Tax Identification Number (TIN)		
Name of Business		
Name of Applicant		
National Identification Number or Passport Number		
Contact Number (Landline/Mobile)		
Email Address		
Section B: Business Tax Particulars		
Year of Assessments		
Due Date		
Amount Assessed		
Amount Owed		
Other outstanding tax payment		
Source of Income		
Approximate Income per month		
Reason why immediate payment of the debt cannot be made to SRC		
Who owes the taxpayer money		
Name	Address	Amount


Details of monthly expenditure? (Business and Personal)

Proposed Payment Terms

**Section C: Declaration**

Signature of Applicant

I certify that the information provided in this application is true and correct.

Date:

**OFFICIAL USE**

Payment Agreement

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 .....

Late Payment Penalty .....

Name of officer ..... Approved By .....

Signature..... Signature: .....

Date ..... Date .....