



Tax Clearance Application form

TIN: _____ **NIN:** _____

Business Name/Trading Name: _____

Address: _____

Email Address: _____

Contact Number(s): _____

Applicant's Name: _____

Signature: _____

Application fee SCR100: _____
(Non-refundable)

Please tick as appropriate for which the certificate is required:

FSA

Bank

Tender

Official Use

For Internal Use

(Enforcement officer completes the checklist)

	Descriptions	Tick	Remarks
1	No outstanding returns		
2	No outstanding debts		
3	Current payments up to date		
4	Payrolls up to date		
5	Outstanding returns		
6	Outstanding debts		
7	Current payments outstanding		
8	Agreement made for outstanding payments/returns/debts/Payrolls		
9	Dishonored Cheques (Customs or Tax)		

Enforcement Officer: Name _____ **Signature:** _____ **Date:** _____

Endorsed by: Name _____ **Signature:** _____ **Date:** _____

(Supervisor/Manager endorsing checklist)

Approval

Approved:

Declined:

Certificate Number issued:

Comments:

Approved by: Name: _____ Signature: _____ Date: _____

(Director signing certificate)