



Taxation Division

APPLICATION FOR TAX CLEARANCE FOR COMPANIES & OTHER NON-INDIVIDUALS

Section A - APPLICANT'S DETAILS

Applicant Name: <input style="width: 95%;" type="text"/> Postal Address: <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> Authorised Officer: <input style="width: 95%;" type="text"/> Postal Address: <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>	T.I.N.: <input style="width: 100%;" type="text"/> Registered Office: <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> Contact Person: <input style="width: 95%;" type="text"/> Phone: <input style="width: 95%;" type="text"/> Email: <input style="width: 95%;" type="text"/>
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Section B - DETAIL OF FUNDS TO BE TRANSFERRED

Amount to be transferred out of Fiji: \$

Currency of transfer:

Country to be transferred to:

Bank Name:

Bank Branch:

Account No. :

The nature of payment is *(attach documentary evidence)*

Section C - SOURCE OF FUNDS

Source	Amount (\$)
Total:	

Section D - DETAILS OF TAXES PAID

Tax Type	Amount	Receipt No

State if any return or tax outstanding (if so, provide details):

Section E - TAX AGENT DETAILS

Name: Address:

DECLARATION

I, declare that the information in this application is true and correct in every detail.

Signature: Designation: Date:

IT IS A SERIOUS OFFENCE TO MAKE A FALSE STATEMENT TO THE COMMISSIONER

OFFICE USE ONLY

Verified and Entered by: Approved by:
 Date: Date: