



FORM INSTRUCTIONS: PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE PROCEEDING

1. Use this form to request for revocation of a Resident Interest Withholding Tax (RIWT) Certificate of Exemption (COE). For quicker processing of your application use the Taxpayer Online Service (TPOS) which you can access on: <https://tpos.fracs.org.fj/taxpayerportal/logon#/Logon>.
2. This service allows a person who was issued a COE, but no longer meets the interest exemption requirements, to request for cancellation.
3. State the COE Reference number and expiry date.
4. Select the revocation reason from the available options.
5. If you've selected "Other" as a revocation reason, you must provide a description.
6. Complete the Declaration section by filling all details in the designated space. For non-individuals, the representative must also provide his/her TIN and designation e.g. Accountant, Chief Financial Officer, Company Secretary, Director, Manager, Partner or Tax Agent.
7. We will advise you once the application is processed.
8. You can request for a review of our tax advice if the application is declined.
9. Please consult with a Customer Service Officer if you need help to complete the Form.

TAXPAYER DETAILS

Taxpayer Identification Number (TIN)*

State your TIN or the Entity TIN. Note that the TIN should consist of either 9 or 10 digits

Taxpayer Name*

Enter Individual / Entity name

REVOCATION REQUEST DETAILS

COE Reference Number*

State the valid COE Reference number

Valid Until*

State the end date of the COE

Select the Revocation Reason*
Select the Revocation reason applicable to you

- Started earning additional income after exemption
- Withdrew Term Deposit
- Migrated from Fiji
- Other

Specify the revocation reason if "Other" has been selected*

DECLARATION OF TAXPAYER OR REPRESENTATIVE

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

Taxpayer/Representative TIN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full Name:

Designation: _____

Signature: _____

Date:

IT IS A SERIOUS OFFENCE TO GIVE FALSE INFORMATION TO THE CHIEF EXECUTIVE OFFICER

FOR OFFICE USE ONLY

Officer's Name: _____

Officer's Signature: _____

Date of Receipt: _____

Reference Number: _____

CHECKLIST

Completed Request for Revocation of Resident Interest Withholding Tax Certificate of Exemption Form

Valid Photo ID of Applicant or Representative submitting the form

Valid TIN of Applicant or Representative submitting the form