

# APPLICATION FOR CERTIFICATE OF EXEMPTION FROM CONTRACTOR'S PROVISIONAL TAX

Revenue Collection Division

## Section A - APPLICANT'S DETAILS

Taxpayer Name:  T.I.N.:

Trading Name:  Phone No:  (Home)

Tax Agent Name:  Phone No:  (Work)

Tax Agent No:  Mobile:

Email:

Has extension been granted by LEU? Yes  No

If Yes, write extension reference number:

Residential Address (if person) :


Postal Address :


Registered Office Address (if company) :


Names of Directors/Partners (Please indicate with a tick if resident or non-resident)

Full Name	TIN	Resident	Non-Resident
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

### DECLARATION

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

Signature:

Date:

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