



## APPLICATION FORM FOR TAX CLEARANCE ON OTHER PURPOSE

All fields marked with \* are Mandatory  
Please fill up the form using **BLOCK LETTERS**  
Please mark the check boxes where necessary

**Taxpayer Identification Number (TIN)\* :**

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Application form for :  Corporate  Individual

Purpose of clearance \* :

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Period of clearance \* :

From 



 To

Entity ID Type

(ROC/NIC/Passport Number)

--

Applicant Name \* :


Address \* :


Email Address \* :

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Contact Details \*

Residence :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Office :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Declaration \*

I declare that the information given is true and accurate to the best of my knowledge and belief.

I understand that The Department of Inland Revenue reserves the right to request for original copy of the required supporting documents and any additional information for audit purpose.

Name :

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Designation :

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Contact No. :

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Email :

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Signature :

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Date :

D	D	/	M	M	/	Y	Y	Y	Y
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**Remarks (For official use only)**

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