

## APPLICATION FOR REMOVAL OF TAX OBLIGATION(S)

## **PART A**

This part is for completion by the registered taxpayer applying for removal of tax obligation(s). **Note:** Incomplete applications shall not be processed.

Name of Taxpayer:					
Personal Identification Number:					
Postal Address:		Code:		Town:	 
Telephone Contacts: Cell:		Laı	nd Line: .		 
Name of building:					 
Floor: Office Number:					
Street/Road:					
Email address:					
Natrure of business (type of goods	or services	):			 
Tax obligations for which the taxpa	yer is curren	tly registere	ed:		 

Tax obligations to be removed:	
Reasons for request for removal of tax obligation(s)	
Documentary evidence attached in support of the reasons above	(where applicable
Attach copies of PIN, Certificate of Incorporation, Business R evidence where applicable.	legistration and the documentary
Name of Applicant:	
Position/Designation:	
Signature:	
Date:	
PART B (FOR OFFICIAL USE ONLY)	
Observations by TRR Officer:	

Recommendations:
Obligation(s) to be added:
Name of Applicant:
Position/Designation:
Signature:
Date:
Comments by TRR manager:
Obligation(s) removed:
Date obligation(s) removed:
Name of TRR Manager:
Signature:





