

SOLOMON ISLANDS INLAND REVENUE DIVISION, MINISTRY OF FINANCE & TREASURY FORM TAA 9 (29 Nov 2022)

Email: legalandpolicyteam@mof.gov.sb

TAX CLEARANCE APPLICATION FOR SENDING MONEY OVERSEAS

City/Town:	All tax obligations met since registration: YES
Address:	since registration: YES
City/Town:	since registration: YES
Trade Name: Y Phone/Email: N 2. TAX IDENTIFICATION NUMBER [TIN]:	res
Irade Name:	NO
2. TAX IDENTIFICATION NUMBER [TIN]:	
2. TAX IDENTIFICATION NUMBER [TIN]:	
If	f No, why?
3. IF A COMPANY, COMPANY HAUS REGISTRATION NUMBER:	
4. IF A SOLE TRADER BUSINESS, CITY COUNCIL BUSINESS LICENSE NUMBER:	
5. APPLICANT IS A/AN: (MUST TICK ONE BOX)	
TRUST STATUTORY BODY INGO BODY OF PERSONS	Debt fully paid:
□ CHARITABLE ORGANISATION □ SCHOOL / CHURCH □ OTHERS	YES or NO
(if more than 2, attach a list)	Deed of Settlement:
7. DETAIL OF FUNDS TO BE TRANSFERRED AMOUNT TO BE TRANSFERRED OUT OF SOLOMON ISLANDS: CURRENCY OF TRANSFER: COUNTRY TO BE TRANSFERRED TO:	YES or NO
8. BANKS DETAILS YOUR BANK'S NAME: YOUR BANK'S BRANCH YOUR BANK'S ACCOUNT NUMBER: 9. THE NATURE OF THE PAYMENT IS: 10. NAME OF PERSON RECEIVING PAYMENT: 11. SOURCE OF FUNDS:	NLAND REVENUE DIVISION APPROVAL STAMP (Not valid unless stamped)
12. ARE YOU TRANSFERRING ON BEHALF OF SOMEONE ELSE? YES IF YES PROVIDE NAME AND TIN NO	Issue Tax Clearance Certificate YES NO O If NO, provide reason(s)

Declaration. I.....declare that the information shown in this

application form is true and accurate in every respect.

IT IS A SERIOUS OFFENCE TO MAKE A FALSE STATEMENT ON THIS APPLICATION.

YOU COULD BE LIABLE TO PROSECUTION UNDER SECTION 130 OF THE TAX ADMINISTRATION ACT 2022

Signature: NOTE: KEEP A COPY FOR YOUR RECORDS Capacity (e.g. Director, Partner) Date: ___/___/