

Signature:

KEEP A COPY FOR YOUR RECORDS

SOLOMON ISLANDS INLAND REVENUE DIVISION, MINISTRY OF FINANCE & TREASURY FORM 8 (29 Nov 2022)

FOR OFFICE USE ONLY

EMAIL: legalandpolicyteam@mof.gov.sb

TAX CLEARANCE APPLICATION other than sending money overseas

1. APPLICANT INFORMATION: (PLEASE TYPE OR PRINT CLEARLY) All tax obligations met Address: since registration: City/Town:_ YES Trade Name: Phone/Email: _ NO 2. TAX IDENTIFICATION NUMBER [TIN]: _ If No, why? 3. COMMENCEMENT DATE OF BUSINESS: 4. IF A COMPANY, COMPANY HAUS REGISTRATION NUMBER: 5. IF A SOLE TRADER BUSINESS, CITY COUNCIL BUSINESS LICENSE NUMBER: 6. APPLICANT IS A/AN: (MUST TICK ONE BOX) ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ COMPANY Debt fully paid: ☐ NGO ☐ BODY OF PERSONS ☐ TRUST ☐ STATUTORY BODY YES or NO ☐ CHARITABLE ORGANISATION ☐ SCHOOL / CHURCH OTHERS Deed of Settlement: 7. ASSOCIATED BUSINESSES (if more than 2, attach a List) Signed 8. ARE YOUR TAX AFFAIRS UP TO DATE? YES \square YES or NO 9. TOTAL TAX PAID FOR PREVIOUS YEARS/MONTHS. 10. IS THE BUSINESS A RESIDENT OR NON-RESIDENT OF SOLOMON ISLANDS. **INLAND REVENUE DIVISION** 11. THE TAX CLEARANCE IS REQUIRED FOR: (MUST TICK AT LEAST ONE BOX) APPROVAL STAMP ☐ GOVERNMENT, STATE OWNED ENTERPRISE OR DONOR CONTRACT (Not valid unless stamped) EXPORT MARINE PRODUCTS INCLUDING BEECH-DE-MER **Issue Tax Clearance** ☐ FISHERIES LICENSE ☐ FORESTRY LICENSE ☐ LIQUOR LICENSE Certificate ☐ BANK LOAN ☐ TREASURY PAYMENT ☐ PERSONAL NO L YES ☐ SUBCONTRACT ☐ LOAN ☐ OTHER 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

Capacity (e.g. Director, Partner) Date: ___/___ NOTE: