### RWANDA REVENUE AUTHORITY

### DOMESTIC TAX DEPARTMENT

### B.P.42 KIGALI.

##

##  ***APPLICATION FOR CLEARANCE CERTIFICATE (QUITUS FISCALE )***

## ***FOR YEAR 2018***

*APPLICANT’S NAME /*NOM DU CONTRIBUABLE: ………………………………………………………………………

*BUSINESS NAMES/*NOM DE COMMERCE *:* ……………………………………………………………………………..

BUSINES ACTIVITY/ACTIVITE COMMERCIALE………………………………………………………………………….

TAX IDENTIFICATION NUMBER /NUMERO DE L’IDENTIFICATION (TIN)………………………………………….

TRADING LICENCE NUMBER/NUMERO DU REGISTRE DE COMMERCE…………………………………………

**Taxpayer address**:

Cellule..............................Sector.............................District...............................avenue…................. Road

number.................Phone no.................Mobile no………….................E-mail............................................

P.O Box.............Director of the company...ID number……………………………………........................ Mobile no...................Phone number of land lord........................................... (Attach rent contract)................

**KIND OF QUITUS** **3%...................................**

 **5%...................................**

(**Filled by winners of public Tenders)**

|  |  |
| --- | --- |
| **List of public tenders performed last year** | **Amount of the tender** |
| 1.2.3.4. |  |

*I solemnly declare that the information given herein is true*:

Fait à …………………………………., le ………………………………………………………à ………………h

Done at ………………....................on …………….................................................at ……………....h

Nom /Signature : …………………………………………Name /Signature/stamp: …………………………………

|  |
| --- |
|  **RECEPTION SECTION** |
| DATE ET HEURE/*DATE AND HOUR* | ACCUSE DE RECEPTION/ACKNOWLEDGEMENT (Nom et signature/*Name and Signature*) |

|  |  |
| --- | --- |
|  ***REVENUE PROTECTION DEPARTMENT******DEPARTEMENT DE PROTECTION DES*** ***RECETTES***DATE ET HEURE ACCUSE DE RECEPTIONDATE AND HOUR ACKNOWLEDGEMENT | Aprroved / ApprouvéNot approved / Non approuvéReasons for non-approval / Raisons de la désapprobation :Date ……………………….............................***Rpd or compliance officer Name and signature****.* |
| ***CUSTOMS AND EXCISE DEPARTMENT*****DEPARTEMENT DES DOUANES ET ACCISES**DATE ET HEURE ACCUSE DE RECEPTION DATE AND HOUR ACKNOWLEDGEMENT | Approved / Approuvé Not approved / Non approuvéReasons for non-approval / Raisons de la désapprobation.Date ……………………………………………***Customs officer name and signature***  |
| **DOMESTIC TAXES DEPARTMENT**DATE ET HEURE ACCUSE DE  RECEPTION DATE AND HOUR ACKNOWLEDGEMENT  | Approved / Approuvé Not approved / Non approuvéReasons for non-approval / Raisons de la désapprobation :……………………………………………………………………………………………………………………..Date ……………………………………………………………..***Domestic Return officer Name and signature******Taxpayer’s tax account officer Name and signature******DTD compliance EBM officer*** ***E-payment*** |

# **Pour approbation/*For approval***

# **PRO/Senior Auditor………………………………………………………………………………………………**

**RRA Regional Coordinator *………………………………………….. ………………..***