

**RWANDA REVENUE AUTHORITY  
DOMESTIC TAX DEPARTMENT  
B.P.3987 KIGALI.**

**APPLICATION FOR CLEARANCE CERTIFICATE (QUITUS FISCALE )  
FOR YEAR 2017**

APPLICANT'S NAME /NOM DU CONTRIBUABLE: .....

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

BUSINES ACTIVITY/ACTIVITE COMMERCIALE.....

TAX IDENTIFICATION NUMBER /NUMERO DE L'IDENTIFICATION (TIN).....

**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)**

<b>List of public tenders performed last year</b>	<b>Amount of the tender</b>
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: .....

<b>RECEPTION SECTION</b>	
DATE ET HEURE / DATE AND HOUR	ACCUSE DE RECEPTION / ACKNOWLEDGEMENT (Nom et signature / Name and Signature)

<b>REVENUE INVESTIGATION AND ENFORCEMENT DEPARTMENT</b>		<input type="checkbox"/> <input type="checkbox"/>
<b>DEPARTEMENT DES ENQUETES ET EXECUTION</b>		Approved / Approuvé Not approved / Non approuvé
DATE ET HEURE D'ACCUSE DE RECEPTION		Reasons for non-approval / Raisons de la désapprobation :
DATE AND HOUR ACKNOWLEDGEMENT		
		Date .....
		<b>RI&amp;ED or Compliance Officer Name and signature.</b>
<b>CUSTOMS AND EXCISE DEPARTMENT</b>		<input type="checkbox"/> <input type="checkbox"/>
<b>DEPARTEMENT DES DOUANES ET ACCISES</b>		Approved / Approuvé Not approved / Non approuvé
DATE ET HEURE RECEPTION	ACCUSE DE	Reasons for non-approval / Raisons de la désapprobation.
DATE AND HOUR ACKNOWLEDGEMENT		
		Date .....
		<b>Customs officer name and signature</b>
<b>DOMESTIC TAXES DEPARTMENT</b>		<input type="checkbox"/> <input type="checkbox"/>
		Approved / Approuvé Not approved / Non approuvé
		Reasons for non-approval / Raisons de la désapprobation :.....
		.....
		Date .....
		<b>Domestic Return officer Name and signature</b>
		<b>Taxpayer's tax account officer Name and signature</b>
		<b>DTD compliance EBM officer</b>
		<b>E-payment:</b>

**Pour approbation/For approval**  
**Head of Taxpayers Account Management (SMTO/LTO).....**  
**Domestic Taxes Department**