

**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)

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, leàh

Done atonath

Nom /Signature :Name /Signature/stamp:

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

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

Pour approbation/For approval
PRO/Senior Auditor.....

RRA Regional Coordinator.....