

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

**APPLICATION FOR CLEARANCE CERTIFICATE (QUITUS FISCAL)
FOR YEAR 2020 – PROVINCES**

APPLICANT'S NAME /NOM DU CONTRIBUABLE:

BUSINESS NAME /NOM DE COMMERCE :

BUSINES ACTIVITY/ACTIVITE COMMERCIALE.....

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

TRADING LICENSE 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).....

TYPE OF QUITUS 3%.....

5%.....

(Filled by Public Tenders Bidders)

List of public tenders performed last year	Amount of the tender performed
1.	1.
2.	2.
3.	3.

I solemnly declare that the information given herein is true / Je declare solennellement que l'information fournie est vraie:

Done at / Fait à, on / le

Name of the applicant (authorized person) / Nom du demandeur (personne autorisée)

Signature and stamp / Signature et cachet:

RECEPTION BY RRA	
DATE ET HEURE / DATE AND HOUR	ACCUSE DE RECEPTION/ACKNOWLEDGEMENT (Nom et signature de l'agent de réception/Name and Signature of the recipient)

1. REVENUE PROTECTION DEPARTMENT / DEPARTEMENT DE PROTECTION DES RECETTES	
DATE:/...../20..... HEURE/HOUR : A / At	ACCUSE DE RECEPTION/ACKNOWLEDGEMENT Reception RIED: Nom et signature /Name and Signature of the recipient
REVENUE PROTECTION DEPARTMENT / DEPARTEMENT DE PROTECTION DES RECETTES	Approved / Approuvé <input type="checkbox"/> Not approved / Non approuvé <input type="checkbox"/> In case of non-approval, give reasons/Reasons for non-approval/ Au cas de désapprobation, donner des raisons: RIED or compliance officer (Full Names and signature): Date
2. DEPARTEMENT DES DOUANES / CUSTOMS SERVICES DEPARTMENT	
DATE:/...../20..... HEURE/HOUR : A / At	ACCUSE DE RECEPTION/ACKNOWLEDGEMENT Reception CSD: Nom et signature /Name and Signature of the recipient
CUSTOMS SERVICES DEPARTMENT / DEPARTEMENT DES DOUANES	Approved / Approuvé <input type="checkbox"/> Not approved / Non approuvé <input type="checkbox"/> In case of non-approval, give reasons/Reasons for non-approval/ Au cas de désapprobation, donner des raisons: CSD officer: Full Names and signature Date
3. DEPARTEMENT DES RECETTES INTERNES / DOMESTIC TAXES DEPARTMENT	
DATE:/...../20..... HEURE/HOUR : A / At	ACCUSE DE RECEPTION/ACKNOWLEDGEMENT Reception DTD: Nom et signature /Name and Signature of the recipient
DEPARTEMENT DES RECETTES INTERNES / DOMESTIC TAXES DEPARTMENT	1) DTD Returns analysis: Approved / Approuvé <input type="checkbox"/> Not approved / Non approuvé <input type="checkbox"/> In case of non-approval, give reasons/Reasons for non-approval/ Au cas de désapprobation, donner des raisons: DTD Returns officer full names and signature: Date
	2) DTD Tax Account analysis: Approved / Approuvé <input type="checkbox"/> Not approved / Non approuvé <input type="checkbox"/>

	<p>In case of non-approval, give reasons/Reasons for non-approval/ Au cas de désapprobation, donner des raisons:</p> <p><i>DTD Tax Account officer: Full Names and signature:</i></p> <p>Date</p>
	<p>3) DTD Compliance analysis:</p> <p>Approved / Approuvé <input type="checkbox"/> Not approved / Non approuvé <input type="checkbox"/></p> <p>In case of non-approval, give reasons/Reasons for non-approval/ Au cas de désapprobation, donner des raisons:</p> <p><i>DTD compliance officer: Full Names and signature:</i></p> <p>Date</p>
	<p>4) DTD EBM analysis:</p> <p>Approved / Approuvé <input type="checkbox"/> Not approved / Non approuvé <input type="checkbox"/></p> <p>In case of non-approval, give reasons/Reasons for non-approval/ Au cas de désapprobation, donner des raisons:</p> <p><i>DTD EBM officer: Full Names and signature:</i></p> <p>Date</p>

Examination finale/ Final examination:

PRINCIPAL REVENUE OFFICER (PRO), STATION OF

(1) Quidus Approved / Approuvé

Overall comments if approved

(2) Quidus Not approved / Non approuvé

If not approved, give reasons are as follows/Si il s'agit de la désapprobation, les raisons sont les suivantes:

Full name and signaure:

Date

REGIONAL COORDINATOR, REGION

(3) Quidus Approved / Approuvé

(4) Quidus Not approved / Non approuvé Reasons :

Full names and signaure:

Date