

**For Seychelles Residents Only**

SEYCHELLES REVENUE COMMISSION

ATTN: Commissioner General  
Office of the Commissioner General

**TAX CLEARANCE APPLICATION**

For the purpose of submission of a Personal Questionnaire Form to the Financial Services Authority, can you please provide a letter addressed to both myself and the Financial Services Authority advising whether:

- 1) I have had a good compliance history for the past five (5) years; and
- 2) either myself or any business that I am an office holder (Director/Public Officer) or hold a controlling interest in has any outstanding lodgments or tax debts.

**1. Applicant information: (Block Capitals)**

Surname ..... NIN .....

Given Names ..... Gender: M  F

Address .....  
.....  
.....

Email Address .....

Contact Numbers (s) H ..... W ..... M .....

**2. Other Business Interest (s):**

| Business Name | Entity Type <sup>1</sup> | Office Held <sup>2</sup> | Percentage Holdings |
|---------------|--------------------------|--------------------------|---------------------|
|               |                          |                          |                     |
|               |                          |                          |                     |
|               |                          |                          |                     |
|               |                          |                          |                     |
|               |                          |                          |                     |
|               |                          |                          |                     |

**NOTE: A non-refundable fee of SCR 100 is applicable for issuance of Tax Clearance Certificate**

I hereby consent the Revenue Authority to submit a copy of the response to the Financial Services Authority.

**Signature:** .....

**Date** .....

\_\_\_\_\_  
<sup>1</sup> Private company, Public company, Partnership or Sole Trader  
<sup>2</sup> Public Officer, Director

**For Seychelles Residents Only**

SURNAME: .....

NAME: .....

GENDER: .....

MARITAL STATUS: .....

DATE OF BIRTH: .....

PLACE OF BIRTH: .....

PRESENT ADDRESS: .....

PRESENT OCCUPATION: .....

CONTACT NO: .....

EMAIL ADDRESS: .....

NATIONALITY: .....

ID NO: .....

MOTHER'S NAME: .....

FATHER'S NAME: .....

ANY CHANGE OF NAME: .....