ITX246.02.E Application for Cancelation of VAT Registration



# VALUE ADDED TAX

**APPLICATION FOR CANCELLATION OF VALUE ADDED TAX REGISTRATION/ MAOMBI YA KUFUTIWA USAJILI WA KODI YA ONGEZEKO LA THAMANI**

*(Regulation 15(1))*

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| 1. Taxpayer Identification Number (TIN) / Namba ya Utambulisho 2. VAT registration number / Namba ya usajili wa VAT 3. F ull name of business /Jina kamili la biashara 4. Trading name (if different from 1 above) 5. Postal Address/ Anuani ya Posta: P. O. Box / S.L.P 6. Postal City / Jina la MjiPhysical Address/ Anuani ya Sehemu ya Biashara: 7. Plot number/ Namba ya kiwanja 8. Block number/ Namba ya Kitalu 9. Street or Location/ Jina la mtaa au Eneo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. District or Town/ Wilaya au Mji:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_11. Region or City / Mkoa au JijiContact Numbers/ Namba za mawasiliano:12. Phone number/ Namba ya Simu 13. Second Phone / Simu ya Pili 14. Third Phone / Simu ya Tatu 15. Fax number/ Namba ya Faksi 16. Baruapepe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 17. Taxpayer Category/ Aina ya Mlipakodi: Government Agency/ [ ]  Club/ [ ]  Cooperative Society or Association/ [ ]  Partnership/ [ ] Serikali Chama Ushirika UbiaLimited Company/ [ ]  Parastatal/ [ ]  Sole Proprietor/ [ ]  Other/ [ ] Kampuni yenye dhima ya kikomo Shirika la Umma Binafsi Nyingine18. Date of cessation of business19. Describe reasons for cessation19. If cancellation is by reason of threshold, state the amount20. Signed 21. Position (State: Partner, Director, etc.) 22. Date: / / |

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| **FOR OFFICIAL USE ONLY**Date of receipt Effective date of Cancelation (EDC) Approved by Officer *TO BE FILLED IN DUPLICATE* |