



Ministry of Finance

APPLICATION FOR TAX COMPLIANCE CERTIFICATE

Category	
<input type="checkbox"/> Individual	<input type="checkbox"/> Non-Individual

1 (a). Applicant's Name (Last Name)	(First Name)	(Middle Name)
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1 (b). Company Name	2. Tax Identification Number
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3. Address	3(a) Telephone Number (s)	4. National Insurance Number
	3(b) Fax Number (s)	
	3(c) E-mail Address	5. First Application <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Certificate is required for:

Contracts only Registration of Goods Payment for Contract Multi-purpose

Contracts: Concession Other (specify):

Under \$10,000.00

\$10,000 and Over

7. Applicant's Signature	8. Date		
	Day	Month	Year

FOR OFFICE USE ONLY

Is the Taxpayer Compliant?

Yes No Business Licence Yes No Bahamas Customs Department

Yes No Real Property Tax Yes No Department of Immigration

Yes No Value Added Tax Yes No Road Traffic Department

Yes No National Insurance Board

Application Number	Status <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	TCC Expiry Date DD MM YY	Date Day Month Year
		Examining Officer Signature/Employee ID	

Comments	Signature	Date
	(Financial Secretary)	Day Month Year