



ORIGINAL
(For Tax Payer)



REPUBLIC OF GHANA

15/ 0012701

Date

17 03 16
DD MM YY

**GHANA REVENUE AUTHORITY
TAX CLEARANCE CERTIFICATE**

Amount Paid (GH¢)

1.00

Issuing
Office

AGBOGBLOSHIE
M-T-O.



AHQR

0026555

Name / Address

ALSALE SERVICES LTD
P.O. BOX 73490 CANTONMENT

Occupation

COMMERCE

File no.

Year of Assessment

2016

TIN.

0003250539

In compliance with section 118 of the Internal Revenue Act, 2000 (Act 592)

ALSALE SERVICES LTD

has applied to me for a Tax Clearance Certificate for the following purpose:

TO TENDER FOR CONTRACT AT GHANA IMMIGRATION
SERVICE ONLY

2. I confirm from the information available that:

ALSALE SERVICES LTD

a) has paid his/her/its tax liabilities up to and including the 20¹⁵ year of assessment.

b) has paid P.A.Y.E. and other withholding Taxes up to and including JAN 2016

c) has submitted all tax returns up to date. ✓

d) has registered with the Ghana Revenue Authority. ✓

3. BELOW IS A SUMMARY OF HIS / HER / ITS TAX POSITION FOR THREE YEARS

YEAR OF ASSESSMENT	CHARGEABLE INCOME	TAX CHARGED	TAX PAID	TAX OUTSTANDING
2 0 14 (SA)	16,074.00	4,018.50	24,275.57	(20,257.07)
2 0 15 (SA)	50,800.00	12,500.00	12,584.15	(84.15)
2 0 16 (SA)	55,800.00	13,755.00	2,437.00	11,313.00

4. I therefore issue this certificate which is valid up to

WHT IN THE PIPELINE
2016/14 928.24

14TH APRIL

2 0 16

FOR THE COMMISSIONER-GENERAL OF THE GHANA REVENUE AUTHORITY

ROBERT BOHAR QUADACBE

(I.T. FORM 340)



SOCIAL SECURITY AND NATIONAL INSURANCE TRUST
NATIONAL PENSIONS ACT, 2008 (ACT 766)

CLEARANCE CERTIFICATE 09000037

ISSUING BRANCH OFFICE..... **KORLE-BU** DATE OF ISSUE..... **FEBRUARY 01, 2016**
NAME OF ESTABLISHMENT..... **ALSALE SERVICES LIMITED**
ER. NO:..... **200801758** .. NATURE OF BUSINESS:..... **GENERAL MERCHANT**
BUSINESS REG. NO:..... **BN-48386C** IRS TIN **7240009606**
ADDRESS:..... **P.O. BOX CT. 3490, CANTOMENT, ACCRA**
LOCATION OF ESTABLISHMENT:..... **KANESHE 1ST LIGHT TOWARDS KAD HOTEL, ACCRA**
TEL NO:..... MOBILE PHONE NO:..... **0244617170**
(Establishment) (Contact Person)
COVERABLE DATE:..... **JANUARY 1, 2008**

The above-named Establishment in compliance with the provisions under the **NATIONAL PENSIONS ACT, 2008 (Act 766)** has applied for a **Clearance Certificate** for the following purpose(s):

..... **GENERAL**

I Certify that as at **FEBRUARY 15, 2016** This Establishment
(Date of Issue)
Employing **THIRTY ONE (31)**
has: (Number of Workers)
a. paid all Social Security Contributions (including penalties) up to:..... **JANUARY, 2016**
b. submitted all Contribution Reports and fulfilled all other obligations under Act 766
c. made satisfactory arrangements to fulfill its obligations under Act 766
I therefore issue this certificate which expires on:..... **APRIL 4, 2016**
..... **APRIL FOURTH, TWENTY SIXTEEN**

FLORENCE ASIEDU SEREBOUR

for: **DIRECTOR GENERAL**
BRANCH MANAGER

N.B: Any alteration or falsification of this document is a crime and offender(s) **SHALL** be prosecuted