



## T18/0002868

REPUBLIC OF GHANA

Date

GHANA REVENUE AUTHORITY TAX CLEARANCE CERTIFICATE Amount Paid (GH¢) 20

20 02 Issuing

104



**AHQR** 

Office	TO THE RESERVE OF THE PARTY OF
Name / Address SIPRIM COM	PAHN LIMITED
P O Box RT 578	/ / CV #2=3
Occupation COMSULTANCI	File no. ASLT STO 107367
Year of Assessment 2019	TIN. COBO4967615
In compliance with section 14 of Revenue Adm SYLPRIM COMPANY	inistration Act, 2016 (Act 915)
Corrification Corrification	2021
POF FOOD AND AGR	ICULTURE.

2. I confirm from the information available that:

FOOD

SYLPRIM COMPONI MATTER

HIM a) has paid his/her/its tax liabilities up to and including the 20 .. year of assessment.

b) has paid P.A.Y.E. and other witholding Taxes up to and including

PIDS, INAUVACE

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	STATUS	CHARGEABLE INCOME	TAX CHARGED	TAX PAID	TAX OUTSTANDING
2017	(DIM)	2,343.80		585.95	MIL
2018	(9)	32,371.51	87-F30,8	2,500.00	5,567.88
2017		TAX DEF	POSIT	1,000-00	

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

20



FOR THE COMMISSIONER-GENERAL OF THE GHANA REVENUE AUTHORITY



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

## **CLEARANCE CERTIFICATE**

Nº 0982994

ISSUING BRANCH OFFICE ASAFO - KUMASI DATE OF ISSUE 1914 FEBRUARY 2010
NAME OF ESTABLISHMENT SYLPPIN COMPANY LIMITED
ER. NO. 20090351T NATURE OF BUSINESS. DEALERS IN FIRE CAFETY EQUIP.
BUSINESS REG. NO: CA-55, 084 IRSTIN 60004967615
ADDRESS: P.O. BOX PY 578, PAILWAYS - KUMAS
LOCATION OF ESTABLISHMENT: AHODWO - KUMAJI
LOCATION OF ESTABLISHMENT:
TEL NO: MOBILE PHONE NO: 0572291040  (Establishment) (Contact Person)
(Establishment) (Contact Person)  COVERABLE DATE: 18T OCTOBER 2009
COVERABLE DATE: 151
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):
BUSINESS NITH MINIETRY OF FOOD AND AGRICULTURE
I Certify that as at197tf FEBPUAPY 2019 This Establishment
Employing ELEVEN (11) MOPKERS
Employing
a. paid all Social Security Contributions (including penaltics) up to:
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: 13TH DAY OF MARCH TWO
THOUSAND AND NINETEEN (18-03-2019)
for: DIRECTOR GENERAL

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