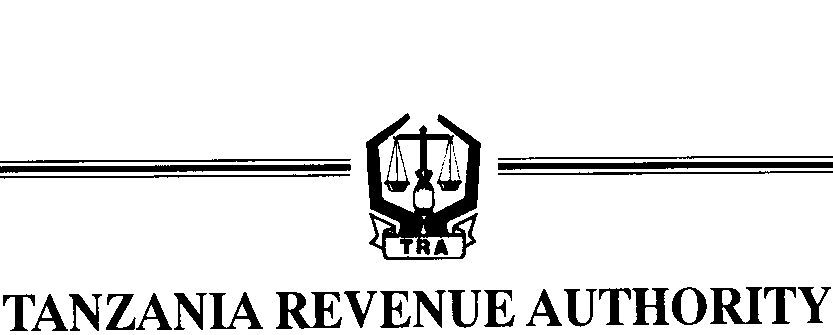
ITX246.02.E Application for Cancelation of VAT Registration



# 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 Mji  Physical 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 Jiji  Contact 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 Ubia  Limited Company/  Parastatal/  Sole Proprietor/  Other/  Kampuni yenye dhima ya kikomo Shirika la Umma Binafsi Nyingine  18. Date of cessation of business  19. Describe reasons for cessation  19. If cancellation is by reason of threshold, state the amount  20. 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* |