



APPLICATION FOR MANUAL TAX CLEARANCE BY PROFESSIONALS IN FULLTIME EMPLOYMENT

This application shall be completed by Professionals who are fulltime employees of companies or any organization before they apply for licensing by their Professional Body

Details of Employer

Name of Employer: _____ TIN: _____

Physical address: _____

Email Address: _____ Phone Number: _____

Details of Employee

Name of Employee: _____

Employee Number: _____ NR Number: _____

Please Respond to Questions below:

1. Are you registered for Tax? Yes/No If Yes provide details below

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2. Do you carryout out any trade activities besides being employed by current employer? Yes/No

If Yes Provide details

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3. Do you lease out any premises or assets in return for rent or any other remuneration or favor
Yes/NO

If Yes Provide details

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4. Are you providing services similar or the same as you are providing to your current employer to any
other person? Ye/No

If Yes Provide details

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I swear that the information given in this application is the honest truth:

Name:.....**Signature:****Date:**.....

For Office Use:

Recommended/Not Recommended

.....
Name of Revenue Officer

.....
Signature:

.....
Date:

Approved/Not approved

.....
Name of Supervisor Officer

.....
Signature:

.....
Date: