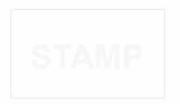


Eswatini Revenue Service

DOMESTIC TAXES DEPARTMENT

Portion 419 of Farm 50, Along MR103, Ezulwini



Email Address: info@ers.org.sz

Tel: (+268) 2406 4000

Contact Centre: (+268) 2406 4050

Website: www ers org sz

TCC 01

Please complete this form and email to tcc_managers@ers.org.sz

APPLICATION FOR A TAX COMPLIANCE CERTIFICATE (TCC) A TCC WILL ONLY BE ISSUED IF THE TAXPAYER COMPLIES TO THE FOLLOWING: 1. The applicant is registered as a taxpayer with ERS. 2. All tax returns have been submitted. 3. All outstanding taxes have been paid or satisfactory arrangements to settle those have been made. Taxpayer (applicant) details Name of Taxpayer: Email Address: Taxpayer's Email Address: Taxpayer's Postal Address: Taxpayer's Contact Number: Taxpayer Identification Number (TIN): Income Tax Number: (Graded Tax Number for individuals) Intended use for TCC (TICK WHERE APPLICABLE) Company Director Import Permit Motor Vehicle Registration Submit Tender **Property Transfer** Trading Licence Other (please specify): DECLARATION by taxpayer or public officer (in case of a company) I hereby declare that the information in this application is true and correct. I also authorize to apply for and collect a TCC on my behalf. ID number DATE: Signature of Applicant: FULL NAME:

SPECIFIC TCC APPLICA	TION F	REQUII	REM	ENT	S:																						
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All documents attached as per TCC SOP.																											
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Conformance checked and approved by: ___