



SEYCHELLES REVENUE COMMISSION

APPLICATION FOR CANCELLATION OF VAT REGISTRATION

FOR OFFICIAL USE	
Date received	
Receiving Officer	

1. TAX IDENTIFICATION NUMBER:
2. VAT REGISTRATION:
3. Compulsory Voluntary

SECTION A: PARTICULARS OF BUSINESS

4. Business / Trading Name:
5. Principal business Address:
6. Tel No.: 6. Fax No.: 7. E-mail address:

SECTION B: CANCELLATION OF REGISTRATION

8. I wish to cancel my VAT registration with effect -----/-----/-----
9. Reason for cancellation of registration:
- a) My business ceased operation on -----/-----/-----
- b) My business ceased to make taxable supplies on -----/-----/-----
- c) My turnover did not exceed SR 5m in the last 12 month
- d) Others (Please specify)
- Please provide a brief explanation to reason stated under **a, b, c** or **d** above
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SECTION C: BUSINESS TURNOVER

10. Turnover (past 12 months): SR----- 11. Expected turnover (next 12 months): SR-----

12. Declaration:

I hereby certify that the particulars provided in this application form are true and correct in every detail and shall be liable for any act done or omitted to be done while I remained a registered person in respect of taxable supplies made.

Signature: Date: -----/-----/-----