MALDIVES INLAND REVENUE AUTHORITY

MIRA 902
Version 21.1

Reset Form

Tax Clearance Application

- **Submit this form to request for confirmation of your outstanding balances and obligations in relation to your tax affairs.**
- **A Tax Clearance Confirmation is required in respect of all applications for licenses, renewal of agreements and other approvals from Government authorities.**

1. Details of taxpayer

Taxpayer Identification Number (TIN) | National ID Card / Registration Number

Taxpayer Name

Name of the establishment to which this application relates | Contact number

2. Purpose for obtaining tax clearance

Please tick the appropriate box(es), and provide the required details

☐ To submit a bid proposal

Tendering agency | Due date for submission (D D M M Y Y Y Y)

☐ To liquidate a company

Reason for liquidation | Shareholders' resolution date (D D M M Y Y Y Y)

☐ To change consignee

Name of new consignee | Demurrage date (D D M M Y Y Y Y)

☐ Due diligence

Details of information required

☐ To apply for a loan or credit facility

Name of the financial institution

☐ Other purpose

Please specify the purpose in detail

Declaration

I declare that the information provided in this form is true and correct to the best of my knowledge and belief, and that a Tax Clearance Report issued by the MIRA in relation to this application shall only be used for the purpose(s) which I have indicated in item 2 of this application. I further declare that I am authorised to sign this application and I consent to MIRA sending the details of tax obligations and the details of outstanding payments to the below email address, pursuant to Section 15(b)(2) of the Tax Administration Act (Law Number: 3/2010).

Name | Designation | Contact Number

Email Address | Date (D D M M Y Y Y Y) | Signature & Seal

For Office Use Only

Received By | Received Date (D D M M Y Y Y Y) | Reference Number