



APPLICATION FORM FOR REGISTRATION OF VENDORS
UNDER TOURIST VAT REFUND SCHEME

*All fields marked with * are Mandatory*
Please fill up the form using BLOCK LETTERS

SECTION A – Company Details

01 Taxpayer Identification Number (TIN) * :

02 Name of registered person * :

03 Registered address * :

Contact Details

Mobile : Office :

Email :

04 Main business place * :

Contact Details

Mobile : Office :

Email :

05 Branches

	Address	Telephone Number
1		
2		
3		
4		

I request to register as a dealer under the TVR scheme & I agreed to follow all the legal requirements & instructions issued by Department of Inland Revenue in this regards.

Signature:

Managing Director / Director / Partner/ Authorized Person

Date :

Official Frank

SECTION B – For office use only:

TVR/VR/00

Effective from :

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Certified Officer

Signature:

Date :

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Official Frank

Approved Officer

Signature:

Date :

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Official Frank