

Application Form for Tax Clearance (Outward Remittances)

Registration Number

1

<p><u>Details of Remitter</u></p> <p>Local Person's Name - -</p> <p>.....</p> <p>Address -</p> <p>.....</p> <p>TIN -</p>	<p><u>Details of Remittee</u></p> <p>Foreign person's Name -</p> <p>.....</p> <p>Country -</p> <p>Tax File Number (If Available)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 33%;">13/.....</td> <td style="border: 1px solid black; padding: 2px; width: 33%;">13/IND/.....</td> <td style="border: 1px solid black; padding: 2px; width: 33%;">13/P/.....</td> </tr> </table>	13/.....	13/IND/.....	13/P/.....
13/.....	13/IND/.....	13/P/.....		

2

Details of Remittance

Nature of Remittance -

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Invoice Numbers -

Total Invoice Value	Remittance Amount	Currency

3

Tax Calculation (Applicable for Tax Liable cases only)

<p>• If Net Amount Remit</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="border: 1px solid black; width: 20%;"></td> <td style="text-align: center; font-size: 24px;">X</td> <td style="text-align: center;"> <table style="border: none;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="text-align: center;">(Applicable Tax Rate)</td> </tr> <tr> <td colspan="2" style="text-align: center; border: none;">100</td> </tr> </table> </td> </tr> <tr> <td style="text-align: center; font-size: 12px;">(Invoice Amount)</td> <td></td> <td></td> </tr> </table> <p style="margin-top: 10px;">Currency Tax Amount </p>		X	<table style="border: none;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="text-align: center;">(Applicable Tax Rate)</td> </tr> <tr> <td colspan="2" style="text-align: center; border: none;">100</td> </tr> </table>		(Applicable Tax Rate)	100		(Invoice Amount)			<p>• If Gross Amount Remit</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="border: 1px solid black; width: 20%;"></td> <td style="text-align: center; font-size: 24px;">X</td> <td style="text-align: center;"> <table style="border: none;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="text-align: center;">(Applicable Tax Rate)</td> </tr> <tr> <td colspan="2" style="text-align: center; border: none;">100 - </td> </tr> <tr> <td colspan="2" style="text-align: center; border: none;">(Applicable Tax Rate)</td> </tr> </table> </td> </tr> <tr> <td style="text-align: center; font-size: 12px;">(Invoice Amount)</td> <td></td> <td></td> </tr> </table> <p style="margin-top: 10px;">Currency Tax Amount </p>		X	<table style="border: none;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="text-align: center;">(Applicable Tax Rate)</td> </tr> <tr> <td colspan="2" style="text-align: center; border: none;">100 - </td> </tr> <tr> <td colspan="2" style="text-align: center; border: none;">(Applicable Tax Rate)</td> </tr> </table>		(Applicable Tax Rate)	100 - 		(Applicable Tax Rate)		(Invoice Amount)		
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(Invoice Amount)																							

Applicable Exchange Rate & Date			Tax Paid Amount (LKR)	
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4

Remarks (If available) -

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❖ Please attach Copy of Invoices, Copy of Agreement (If Available), Copy of Tax residency Certificate (for the Benefits of DTAA) & Copy of Paying-In-Slip

Name –

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Designation & Contact Number –

Authorized Signature

For Office Use Only

Signature

Officer Name

Direction -

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