



DOMESTIC TAXES DEPARTMENT

E9 Appendix

TAXPAYER DATA

PIN..... VAT No..... Excise License No (if applicable).....
Name of Business:.....
Physical location: Area Name.....
Building..... Floor..... Road.....
Postal Address: P O BOX..... POSTAL CODE..... CITY/TOWN.....
Telephone No..... Fax..... Email.....

BANK DETAILS

Account Name..... Account No.
Bank..... Branch.....

Declaration

I confirm the particulars given above to be correct and take full responsibility for their accuracy.

.....
Name Rank Signature Date

.....
Official Stamp

FOR OFFICIAL USE ONLY

Amount Claimed: _____

Amount Approved: _____

Examined by :
Name Signature Date

Reviewed by :
Name Signature Date

Approved by :
Name Signature Date

Tulipe Ushuru Tujitegemee

