



Government of Tonga

FORM 6

Tax Clearance application for Tax Clearance for Sending Money Overseas

Ministry of Revenue & Customs

QSC Ex-Student Center, Railway Road, Nuku'alofa, TONGA

Telephone (676)7400550 Fax (676) 25018

Section A - APPLICANT'S DETAILS

Applicant Name:		T.I.N.:							
Postal Address:		Contact Person:							
		Phone:							
		Email:							

Section B - DETAIL DETAILS OF FUNDS TO BE TRANSFERRED

Amount to be transferred out of Tonga: \$		
Currency of transfer:		
Country to be transferred to:		
	Your Bank Name:	
	Bank Branch:	
	Your Bank Account No. :	
The nature of payment is:	<i>(attach documentary evidence)</i>	

Section C - SOURCE OF FUNDS	Source	Amount (\$)
	Total:	

Section D - TAX AGENT DETAILS	Name:	
	Contact number:	
	Address:	

DECLARATION

I declare that the information in this application is true and correct in every detail.

Signature:

Designation:

Date:

IT IS A SERIOUS OFFENCE TO MAKE A FALSE STATEMENT UNDER SECTION 85, REVENUE SERVICES ADMINISTRATION ACT 2021

Office Use ONLY

TC Number:

Verified and entered by: _____

Approved by: _____

Date: / /

Date: / /