

**FORM 2**  
(Regulation 10)



**REVENUE SERVICES DEPARTMENT**  
Potungae ki he Ngaahi Ngaue Tanski Pa'anga Hu Mai

Large Business Division  
*Va'a Pisinisi Lalahi*

P.O. Box 7, Nuku'alofa, Tonga  
*Putua 7, Nukut'aloa, Tonga*

Telephone: (676) 23 444 Facsimile: (676) 25018  
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**RM209**

**APPLICATION TO CANCEL CT REGISTRATION**  
(*Kole ke Kaniseli lesisita Tukuhau Ngaue'aki*)

Please answer all questions and sign the declaration  
(*Kataki 'o tali kotoa 'a e ngaaahi fehu'i pea fakapapau'i 'oku ke fakamo'omi ho hingoa.*)

1 Taxpayer Name  *(Hingoa Taha Tukuhau)*

2 Tax Identification Number  *(Fika Tukuhau)*

3. Contact telephone number   *(Fika fetu'maki telefoni)*

4. If you wish to cancel your registration, one of the two conditions below must apply to you  
(*Kapau 'oku ke lotu ke tamate'i ho lesisita, ko e taha he ongo founa 'i lalo kaupou ke kau tonu kia koe*)

Tick one box  I have ceased all CT activities.  
*(Fili pe puha 'e taha*  *'Oku 'ikai toe lele ha ngane he CT*

I am conducting a taxable activity, but my turnover for the next twelve months will be less than \$100,000.00  
*('Oku ou fakahoko 'a e ngauve tukuhau'i, ka 'e 'ikai a'u ki he \$100,000 'a e koloa fakatau 'i he mahina 'e taha ua ka hoko.)*

5 Date on which the taxable activities ceased  
*Ko e fe 'aho 'e ngata ai ngauve 'oku tukuhau*   
day *mahina* month *ta'u* year  
*'aho*

6 On what date should your registration cease?  
*Ko e ha 'aho 'e fakangata ai ho lesisita?*   
day *mahina* month *ta'u* year  
*'aho*

7 Will you be keeping any of the business assets when your registration ceases? Yes  No   
*Te ke tauhi ha ngoahi koloa tauhi 'o e pisinisi 'i he taimi 'e ngata ai lesisita?* *'Io*  *'Ikai*

If yes, please attach list of assets indicating value lesser of cost or open market of each asset.  
*(Kapau 'oku 'io, kataki 'o fakapipiki ha lisu 'o e koloa tauhi fakahau'i ai ko fe 'oku si'si'i 'i hono malu'inga pea mo e malu'inga 'i he maketi 'o e koloa tauhi takitaha.)*

8 Have you filed your final TCT return for the business? Yes  No   
*Na'e 'osi fakahau mai ho'o fakamatala pisinisi CT faka'osi?* *'Io*  *'Ikai*

If yes, have you accounted for TCT on the assets you have sold or kept? Yes  No   
*Kapau 'oku 'io, na'e ke akauni ki he CT ki he koloa tauhi na'e fakatau pe tauhi?* *'Io*  *'Ikai*

If yes, in which taxable period(s)?  
*Kapau 'oku 'io, ko e fe (ngaahi) vaha'a taimi tukuhau ko ia?*

9. Declaration / *Fakapapau*

Full name (*Hingoa Kakato*) \_\_\_\_\_

Title (*Hingoa 'o e lakanga*) \_\_\_\_\_

Address Street Name (*Hala*) \_\_\_\_\_

(*Tū'azila*) P.O. Box (Puha) \_\_\_\_\_

Village (*Kolo*) \_\_\_\_\_

Island (*Motu*) \_\_\_\_\_

I declare that the above information is true and correct.  
('Oku ou fakaha ko e fakamasala 'oku 'oatu 'oku mo'oni mo tonu)

Signature (*Fakamo'oni*)

Date ('Aho)