



FOR CASHIER USE ONLY

Receipt # _____

TIN # _____

APPLICATION FOR CERTIFICATE OF GOOD STANDING

Section 35 of the Inland Revenue Department Act R.S.A. c I13

Please indicate the PURPOSE of certificate (tick appropriate box):

Land Purposes Work Permit Banking Purposes Passport Bid Permanent Residence
 Naturalisation Anguillian Status Business Licence Application Other _____

APPLICANT INFORMATION

Complete “Section A” **only** if applicant is an individual **OR** “Section B” **only** if applicant is non-individual.

A) Name of Applicant if

INDIVIDUAL (first and last)

Date of Birth _____
DD/MM/YYYY

Is Individual Applicant Deceased? Yes No

OR

B) Name of Applicant if

NON-INDIVIDUAL (e.g. Business, Church, NPO etc.)

CONTACT INFORMATION

Complete All Required Sections.*

* **Mailing Address** _____

* **Physical Address** _____

* **Email Address** _____

* **Telephone Number** _____

AUTHORIZED REPRESENTATIVE INFORMATION

IF APPLICATION IS SUBMITTED ON BEHALF OF ANOTHER INDIVIDUAL OR A NON-INDIVIDUAL, PLEASE STATE YOUR NAME AND PHONE NUMBER IN THE SPACE PROVIDED BELOW. PLEASE ALSO PROVIDE WRITTEN AUTHORIZATION ALLOWING YOU TO ACT AS AN AUTHORIZED REPRESENTATIVE FOR THE APPLICANT.

Name of Authorized Representative _____

Telephone Number of Authorized Representative _____

DECLARATION

I hereby declare that the particulars stated in this application are true and correct.

Signature of Applicant or Authorized Representative

Date of Application

OFFICIAL USE ONLY

Account Verification Checklist

Select if Applicant is in Good Standing

I certify that the applicant is not in arrears with respect to any taxes, fees, licenses or other charges

Select if Applicant is in arrears

I certify that the applicant is in arrears with respect to the following:

Property Tax \$ _____

Business License Fee \$ _____

Water Rates \$ _____

Leases \$ _____

Accommodation Tax \$ _____

Company Filing Fees \$ _____

Tourism Marketing Levy \$ _____

Interim Stabilisation Levy \$ _____

Universal Social Levy \$ _____

Dishonoured Cheques \$ _____

Goods & Services Tax \$ _____

General Services Tax \$ _____

Other (Specify) \$ _____

TOTAL ARREARS \$ _____

Action Taken

Payment Plan Agreement Entered Into

Date Entered Into _____ **Payment Plan Agreement #** _____
DD/MM/YYYY

Other (Specify) _____

Application Refused (specify) _____

Certificate Prepared By (officer name): _____ Signature: _____

Approved by (management name, in case of arrears): _____ Signature: _____

Date: _____
DD/MM/YYYY