

**APPLICATION FORM FOR PRIVILEGE CARD – YEAR 202...**

All fields marked with * are Mandatory

Please fill up the form using BLOCK LETTERS

SECTION A

National Identity Card Number (NIC) /
Passport No * :

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Tax Payer Identification Number (TIN) * :

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Salutation * : Rev. Prof. Dr. Mr. Ms.

Name with Initials* :

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Full Name of Applicant * :

Permanent Address*

Premises No. :

 Unit No. :

Address :

Office Address

Premises No. :

 Unit No. :

Address :

Contact Details *

Please provide at least one contact number and the email address.

Mobile :

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 Office :

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Home :

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 Email* :

SECTION B**Compliance Details***

Date of submission of the Return of Income for the immediately preceding Year of Assessment

Amount of tax payable as per the above Return of Income

Self-Assessment Payments made for the above Year of Assessment

SA Payment	Payment Date	Amount
SA 01		
SA 02		
SA 03		
SA 04		
Final		

Other Tax Credits claimed

(APIT/WHT/AIT/ Partnership /Other.....)

Documents attached:

(please Mark "X" in the respective answer)

Document	Yes	No
The copy of Return of Income for the immediately preceding Year of Assessment		
The copy of National Identity Card or the Passport		
The copy of T-10 Certificate (If applicable)		
The Certificate copies of the WHT/AIT/Partnership tax, etc. (if applicable)		

Consent to publish as a Privilege Card Holder in IRD Web Portal/ Intranet and at the respective Branch/Unit/Regional Office.

(please Mark "X" in the respective answer)

Yes	
No	

Authorization *

I do hereby certify that the particulars furnished by me in this application are true and correct.

Name* :

Designation :

Signature* :

Date* :

D	D	/	M	M	/	Y	Y	Y	Y
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