



Application for De-registration			
Q:1 Applicant information			
Full Legal Name:	<input style="width:90%;" type="text"/>		
Trade name:	<input style="width:90%;" type="text"/>		
RMD No:	<input style="width:50%;" type="text"/>		
Q:2 Address Information			
Physical Address: <input style="width:95%;" type="text"/>			
Village/Suburb:	<input style="width:40%;" type="text"/>		
Island/City:	<input style="width:40%;" type="text"/>		
Country:	<input style="width:90%;" type="text"/>		
Postal Address:*			
<small>*if different to your physical address</small>			
Village/Suburb:	<input style="width:40%;" type="text"/>		
Island/City:	<input style="width:40%;" type="text"/>		
Country:	<input style="width:90%;" type="text"/>		
Q:3 Contact information			
Phone:	<input style="width:40%;" type="text"/>		
Mobile:	<input style="width:40%;" type="text"/>		
Email:	<input style="width:90%;" type="text"/>		
Q:4 Organization Type			
Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Individual
Club/Society/Charity/ Other Organisation <input type="checkbox"/>	Estate/Trust <input type="checkbox"/>		
Q:5 Please complete the following details.			
Date on which your registration should cease:	<input style="width:80%;" type="text"/>		
Reason (s):	<input style="width:90%; height: 20px;" type="text"/> <input style="width:90%; height: 20px;" type="text"/>		
Q:6 Select the following for which this application refers to:			
<input type="checkbox"/> RMD Number (ALL Tax Types) (Go to Q:7)			
– Income Tax			
- Import VAT/Duty			
- Provisional Tax			
- Withholding Tax			
- Value Added Tax			
- PAYE			
<input type="checkbox"/> Value Added Tax	(Go to Q:8)		
<input type="checkbox"/> PAYE	(Go to Q:9)		



PAYE

Q:9 (a) If you wish to cancel your PAYE registration, one of the two conditions must apply.

I have ceased all Business activities

I am still operating but no longer employing

(b) Date on which you ceased to employ:

(c) On what date should your PAYE registration cease?

(d) Have you filed your final PAYE return for the business? Yes No

If YES, in which taxable period?

Have you also submitted the final PAYE Reconciliation for the business? Yes No

Q:10 Do you have any further comments to make which you think may be relevant?

Q:14 Statutory Declaration

I, *Print full/legal name here* , *Position*

declare that the information given on this form, to be true and correct.

Signature

Date

⊗ Penalties may be imposed for giving false or misleading information.



OFFICE USE ONLY

Tax returns filed to date

Date:

Debt cleared

Tax Officer Initials:

Application processed:

Approved

Declined *(state reasons below)*

Officer's Comments:

Revenue Management Division Contact Details

Phone: + 682 29365

Fax: + 682 29465

Email: customs.info@cookislands.gov.ck

Email: tax.info@cookislands.gov.ck

Website: www.mfem.gov.ck