

## OF CYPRUS

## DEPARTMENT OF INLAND REVENUE CYPRUS INCOME TAX

In any communication please code: TIC

CLAIM BY AN INDIVIDUAL / COM	PANY RESIDENT IN			
(Name of Country)		For the use of the CYPRUS inland		
TO RELIEF FROM OR REFUND OF CYPRUS TAX		Revenue Department only.		
◆ Please complete both copies of the form and send them to the		Instructions		
Taxation Authorities of				
♦ If refund is claimed attach the original certificates of deduction /				
payment of tax				
◆ Remember to complete and sign the declaration on page 2				
		Amount of Tax £ CY		
♦ This form when completed, should be sent to your local tax				
authority for certification and transmission to the:		Period 19		
Director of Inland Revenue Department				
Ministry of Finance,		Examined by		
1472 Nicosia, Cyprus				
	p.	Countersign	ned by	*********
		200000000000000000000000000000000000000		
Person making the claim	(capital letters)	·	Agent	
Person making the claim		(if enquiries	Agent to be addres	ssed to him)
,		`	s to be addres	ssed to him)
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Full name  Residential address / Company a  If previous claims have been many filed for Cyprus tax purposes  Taxpayer Identification Code  CLAIM TO RELIEF	nade or Returns of Income , please give your : TIC	Full name .  Address  DIVIDENDS	s to be addres	
Full name  Residential address / Company a  If previous claims have been many filed for Cyprus tax purposes  Taxpayer Identification Code  CLAIM TO RELIEF ROYALTIE	nade or Returns of Income , please give your	Full name .  Address  DIVIDENDS, INCOME	s to be address	
Full name  Residential address / Company a  If previous claims have been many filed for Cyprus tax purposes  Taxpayer Identification Code  CLAIM TO RELIEF ROYALTIE	nade or Returns of Income , please give your : TIC	Address  DIVIDENDS, INCOME must be attack	s to be address	TAX DEDUCTED/
Full name  Residential address / Company a  If previous claims have been many and the for Cyprus tax purposes tax purposes tax purposes taxpayer Identification Code  CLAIM TO RELIEF ROYALTIE Appropriate evices SOURCES OF INCOME	nade or Returns of Income , please give your : TIC FROM OR REFUND OF TAX ON ES, PENSIONS AND ANY OTHER dence of deduction / payment of Tax or	Address  DIVIDENDS, INCOME must be attack	INTEREST	TAX DEDUCTED/
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Full name  Residential address / Company a  If previous claims have been many and the for Cyprus tax purposes tax purposes tax purposes taxpayer Identification Code  CLAIM TO RELIEF ROYALTIE Appropriate evices SOURCES OF INCOME	nade or Returns of Income , please give your : TIC FROM OR REFUND OF TAX ON ES, PENSIONS AND ANY OTHER dence of deduction / payment of Tax or	Address  DIVIDENDS, INCOME nust be attact  PAYMENT DATE	INTEREST	TAX DEDUCTED/

## CERTIFICATION DECLARATION To be given by the Taxation Authorities of I declare that all the information provided on page 1 is correct and that I am beneficially entitled to the I ncome from the sources listed therein Signed : ..... who should send one copy of the forms direct to the: Director of Inland Revenue Department, Ministry of Finance, ♦ I request the payment as a result of this claim be made to: 1472 Nicosia, Cyprus I certify that ( tick the appropriate box) Me at the address on page 1 Me at the address below is resident in ..... within the meaning of the Double Taxation Convention for the purposes of My bank or authorised agent at the address below\* ..... tax and is \* a - subject to that tax ⇒ The taxation authorities in Cyprus to \*b - subject to that tax by reference to be set against my tax liabilities there the amount remitted to this country namely CY £ ..... in respect of the If payment is to be made to a bank / income from the sources specified above authorised agent, give the name, address and Bank A/c Number where appropriate \* cross off whichever is not apply Signature ..... Designation ..... Official Stamp request relief from tax under the double tax agreement