



Government of The Bahamas
CONSOLIDATED TAX RELIEF FORM
 for the purchase of approved Hurricane Dorian relief goods
 between January 1st to June 30th, 2021

Use this form to apply for tax relief on the import and purchase of goods as detailed below.
 Present or email the completed form to **the Ministry of Finance/Department of Inland Revenue** for review and approval prior to purchase. Please attach pro forma or final invoices. Email: patricialewisdeane@bahamas.gov.bs or medinataylor@bahamas.gov.bs. For more information: inlandrevenue.finance.gov.bs

SECTION A: TO BE COMPLETED BY ALL APPLICANTS

Name of Purchaser: _____ / _____
Last Name First Name

Business Name (If Applicable) _____

National Insurance #/Business TIN: _____ Local/Foreign Purchase: _____

E-mail: _____ Telephone (Cell/Work): _____

Address: _____

What is the final destination of the goods?

- | | | |
|--------------------------|---------------------|-----------------------------|
| <input type="checkbox"/> | Abaco | City/Town/Settlement: _____ |
| <input type="checkbox"/> | Abaco Cays | City/Town/Settlement: _____ |
| <input type="checkbox"/> | Grand Bahama Island | City/Town/Settlement: _____ |
| <input type="checkbox"/> | Sweetings Cay | City/Town/Settlement: _____ |
| <input type="checkbox"/> | Deep Water Cay | City/Town/Settlement: _____ |
| <input type="checkbox"/> | Water Cay | City/Town/Settlement: _____ |

Items Eligible (Please check all applicable blocks):

- | | |
|---|--|
| <input type="checkbox"/> Building Materials
<input type="checkbox"/> Electrical fixtures and materials
<input type="checkbox"/> Hardware Supplies
<input type="checkbox"/> Household furniture, furnishings and appliances | <input type="checkbox"/> Plumbing fixtures and materials
<input type="checkbox"/> Replacement Motor Vehicle * |
|---|--|

**Subject to additional conditions and requirements*

SECTION B: TO BE COMPLETED BY APPLICANT FOR VEHICLE REPLACEMENT

Make, Model & Year of Replacement Vehicle: _____

Value of Replacement Vehicle: _____

Port of entry for Replacement Vehicle: _____

If replacement vehicle will be imported at a later date, please tick box: Yes No

**Please Note: The replacement vehicle must be purchased, shipped and approved by the Ministry of Finance for importation by January 31st, 2021. The replacement vehicle must be landed into the Bahamas before April 30th 2021.*

SECTION C: TO BE COMPLETED BY BAHAMAS CUSTOMS DEPARTMENT

Description of damaged vehicle

Make: _____

Model: _____

Year: _____

VIN: _____

Chassis No: _____

Serial No: _____

Damaged Vehicle Retained by Bahamas Customs **Yes** **No**

Customs Officer Signature/Stamp: _____

SECTION D: DECLARATION BY APPLICANT

Any person who knowingly imports any goods pursuant to this application, but for the purpose other than as specifically provided for under the application, or makes any other written or oral statement which he knows or has reason to believe to be false in a material particular shall be liable to fines, penalties and forfeiture of goods and all taxes accruing thereon.

I certify that the above information that has been provided is true.

Signature of Applicant

Date

Ministry of Finance Approval Granted **Yes** **No**

For/FINANCIAL SECRETARY