



OSUN INTERNAL REVENUE SERVICE (OIRS)

REVALIDATION FORM FOR EXISTING TAX AUDIT MONITORING AGENT (TAMA)/CONSULTANT

1. Name of the TAMA/CONSULTANT: _____
2. Address of the TAMA/CONSULTANT: _____

3. Phone No: _____
4. C.A.C. Registration No: _____
5. Date of Registration _____
6. TIN No: _____
7. Names of the Proprietor(s) and Contact Number _____

8. Nationality.....
9. State and Local Govt. of Origin.....
10. Means of Identification & No:
11. List of successful and pending Audit conducted, the year conducted and reasons for delay in completion, if any (To be typed on the company's letter head paper and attached).
12. I hereby declare that all the information supplied above are truth and nothing but the truth.

Name

Date

Signature

Requirements:

- i. Three (3) years Tax Clearance Certificate of the Proprietor(s)**
- ii. A copy of the Business Registration Certificate**
- iii. The Applicant must have at least its corresponding office situate in Osun State.**
- iv. The Applicant must be a Registered Business Name**
- v. Non-refundable fee of Fifty Thousand Naira Only (N50,000.00) payable to 'Osun Internal Revenue Service'**
- vi. A passport size photograph of the Proprietor**
- vii. A valid Means of Identification for the Proprietor.**

FOR OFFICIAL USE ONLY

Comment _____

Recommendation: _____

Approval _____