

Deregistration

● You are required to cancel relevant business permits and import licenses, and fulfill all outstanding obligations and amounts due to MIRA, before submitting this application. However, if you are deregistering from GST because your taxable supplies during the past 12 months is less than MVR 500,000, or because your taxable supplies for the next 12 months is expected to be less than MVR 500,000, you are not required to cancel your business permits.

1. Taxpayer details

Taxpayer Identification Number (TIN)

First 7 digits of your TIN as it appears on your Notification of Registration

Taxpayer Name

Your name as it appears on your Notification of Registration

2. Reason for deregistration

Please tick the relevant box and provide the required information.

Cessation or sale/transfer of whole business → If sold/transferred, please provide the information below.

Name of buyer/transferee

ID Card / Registration no. of buyer/transferee

Value of sale (MVR)

Cessation or sale/transfer of a business activity or activities → Please provide the information below.

Business activity number	Name of business activity	If activity was sold/transferred:		
		Name of buyer/transferee	ID Card / Registration no. of buyer/transferee	Value of sale (MVR)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Value of taxable supplies during the past 12 months is less than MVR 500,000

Value of taxable supplies for the next 12 months is expected to be less than MVR 500,000

Document Checklist

You are required to submit these documents together with this application.

Proof of business permits cancellation

Proof of cancellation of importer registration with the Maldives Customs Service

Details of sales of past 12 months (if you are applying for deregistration because your taxable supplies during the past 12 months is less than MVR 500,000)

Declaration

I declare that the information given on this form is true and correct, and that I am authorised to sign this application. I further declare that I have no intention of resuming the ceased business activities during the next 12 months.

Title Name

Contact Number

Designation

Date

Signature & Seal

For Office Use Only

Received By

Received Date

Entered By

Number