Government of The Bahamas
CONSOLIDATED TAX RELIEF FORM
for the purchase of approved Hurricane Dorian relief goods
between December 1st, to June 30th, 2020

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?
☐ Abaco City/Town/Settlement: __________________________
☐ Abaco Cays City/Town/Settlement: __________________________
☐ Grand Bahama Island City/Town/Settlement: __________________________
☐ Sweetings Cay City/Town/Settlement: __________________________
☐ Deep Water Cay City/Town/Settlement: __________________________
☐ Water Cay City/Town/Settlement: __________________________

Items Eligible (Please check all applicable blocks):
☐ Air Conditioning Units
☐ Building Materials
☐ Cleaning Supplies
☐ Clothes, Shoes, Hat, Belt, Socks, Stockings, Gloves, Scarves
☐ Cots, Beds & Bedding Materials
☐ Electrical fixtures and materials
☐ Electrical generators
☐ Fishing Equipment & Supplies
☐ Farming/Fishing Equipment & Supplies
☐ Fruit & Vegetable Juice
☐ Hardware Supplies
☐ Household furniture, furnishings and appliances
☐ Landscaping Supplies
☐ Manufacturing equipment
☐ Medicine and Medical Supplies
☐ Mosquito Netting
☐ Office Supplies & Equipment
☐ Personal Hygiene Products
☐ Pest Control Supplies
☐ Plumbing fixtures and materials
☐ Protective & Safety Gear
☐ Replacement Boats
☐ Replacement Motor Vehicles, Golf Carts and Motorcycles *
☐ Solar Panels
☐ Tents
☐ Unprepared food items of all types (including packaged and processed)
☐ Water

*Subject to additional conditions and requirements

SECTION B: TO BE COMPLETED BY APPLICANT FOR VEHICLE OR BOAT REPLACEMENT

Make, Model & Year of Replacement Vehicle/Boat: ______________________________________

Value of Replacement Vehicle/Boat: ______________________________________

Port of entry for Replacement Vehicle/Boat: ______________________________________

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

*Please Note: Individuals or businesses who are importing replacement vehicles at a later date should retain the
approved Form until the vehicle is imported.
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

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