



NEVIS LIMITED LIABILITY COMPANY ORDINANCE, 2017

FORM 103(2)

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

ELECTION OF CESSATION AS A TAX RESIDENT COMPANY

To the Minister of Finance:

Name of limited liability company:

Registered address:

Mailing address:

City/ Town:

Parish:

Country:

I/We hereby elect that the above-named company with effect from the date mentioned below shall cease to be a tax resident company for the purposes of section 103(2) of the Ordinance.

Date from which election made:

DAY /MONTH /YEAR

Full name of signatory:

Position:

Signature:

Date:

DAY /MONTH /YEAR

FOR OFFICIAL USE ONLY

Date Received: _____

Application processed by: _____

Approved: Yes No