



**Government of The Bahamas**  
**CONSOLIDATED TAX RELIEF FORM**  
 for the purchase of approved Hurricane Dorian relief goods  
 between December 1<sup>st</sup>, to June 30<sup>th</sup>, 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](mailto:patricialewisdeane@bahamas.gov.bs) or [medinataylor@bahamas.gov.bs](mailto:medinataylor@bahamas.gov.bs). For more information: [inlandrevenue.finance.gov.bs](http://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"/> Air Conditioning Units                                       | <input type="checkbox"/> Manufacturing equipment   |
| <input type="checkbox"/> Building Materials   | <input type="checkbox"/> Medicine and Medical Supplies   |
| <input type="checkbox"/> Cleaning Supplies  | <input type="checkbox"/> Mosquito Netting  |
| <input type="checkbox"/> Clothes, Shoes, Hat, Belt, Socks, Stockings, Gloves, Scarves | <input type="checkbox"/> Office Supplies & Equipment   |
| <input type="checkbox"/> Cots, Beds & Bedding Materials                               | <input type="checkbox"/> Personal Hygiene Products   |
| <input type="checkbox"/> Electrical fixtures and materials                            | <input type="checkbox"/> Pest Control Supplies   |
| <input type="checkbox"/> Electrical generators  | <input type="checkbox"/> Plumbing fixtures and materials                                       |
| <input type="checkbox"/> Fishing Equipment & Supplies                                 | <input type="checkbox"/> Protective & Safety Gear  |
| <input type="checkbox"/> Farming/Fishing Equipment & Supplies                         | <input type="checkbox"/> Replacement Boats   |
| <input type="checkbox"/> Fruit & Vegetable Juice                                      | <input type="checkbox"/> Replacement Boat Engines  |
| <input type="checkbox"/> Hardware Supplies  | <input type="checkbox"/> Replacement Motor Vehicles, Golf Carts and Motorcycles *              |
| <input type="checkbox"/> Household furniture, furnishings and appliances              | <input type="checkbox"/> Solar Panels  |
| <input type="checkbox"/> Landscaping Supplies   | <input type="checkbox"/> Tents   |
|   | <input type="checkbox"/> Unprepared food items of all types (including packaged and processed) |
|   | <input type="checkbox"/> 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.*

**SECTION C: TO BE COMPLETED BY BAHAMAS CUSTOMS DEPARTMENT**

**Description of damaged vehicle/boat**

**PLEASE TICK APPROPRIATE BOX:**  Automobile  Golf Cart  Motorcycle  Boat

**Make:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**VIN:** \_\_\_\_\_

**Chassis No:** \_\_\_\_\_

**Serial 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**