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Website <a href="www.falklands.gov.fk/taxation/">www.falklands.gov.fk/taxation/</a>
Public opening hours Monday to Friday, 9am – 12 noon

Taxes Ordinance 1997, associated legislation & regulations are available at <a href="https://www.legislation.gov.fk">www.legislation.gov.fk</a>

## **Group Relief** — Notice of consent to surrender (section 137 Taxes Ordinance 1997)

Complete this form if you are consenting to surrender losses for group relief purposes under section 137 Taxes Ordinance 1997. The notice of consent to surrender must accompany the group relief claim when submitted by the claimant company to the Falkland Islands Government Taxation Office.

Surrendering company info	rmation.				
Company name					
Company Reference Number (0	CRN)				
Accounting period to which the	9				
surrender relates	From			То	
Total amount being surrendere	ed £				
Claimant company informa If more than one company,		list in order of pr	iority (1 being of the	highes	st priority).
Priority 1—Company name					
Company Reference Number (0	CRN)				
Accounting period	From			То	
Amount being claimed	£				
Duianitu 2 Company nama					
Priority 2—Company name					
Company Reference Number (C	CRN)				
Accounting period	From			То	
Amount being claimed	£				
If more than 2 claimant co	mpanies, se	ee overpage.			

GRS, FIGTO, 05/25

Continue overpage to sign a declaration.

## Claimant company information continued.

If more than one company, you must list in order of priority (1 being of the highest priority).

Priority 3—Company	name							
Company Reference Number (CRN)								
Accounting period	From			То				
Amount being claime	ed £		'					
Priority 4—Company	name							
Company Reference	Number (CRN)							
Accounting period	From			То				
Amount being claime	ed £							
Priority 5—Company	name							
Company Reference Number (CRN)								
Accounting period	From			То				
Amount being claime	d £							
Priority 6—Company name								
Company Reference	Number (CRN)							
Accounting period	From			То				
Amount being claimed £			'					
Declaration								
Please confirm that the details on this form are correct by signing below.								
Name			Signature					
Capacity signing as			Date					
E.g. Director								

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