



**BARBADOS  
REVENUE AUTHORITY**

**APPLICATION FOR ESTATE CLEARANCE**

(Section 28(3) of The Succession Act, Cap. 249)

No. ....

Folio.....

IN THE MATTER OF THE ESTATE OF .....  
..... DECEASED.

LATE OF .....  
.....

1. DATE OF DEATH: ..... AGE AT DEATH: .....

2. NATIONAL INS. NO.: ..... NATIONAL REG. NO.: .....

3. WAS DECEASED AN EMPLOYEE, PRIOR TO DATE OF DEATH? IF YES, STATE WHERE LAST EMPLOYED:  
.....  
.....

4. WAS ANNUAL EMPLOYMENT INCOME: UNDER \$15,000.00? ..... OVER \$15,000.00? .....

5. IF DECEASED WAS SELF-EMPLOYED, STATE NATURE OF BUSINESS UNDERTAKING: .....  
.....

6. WAS DECEASED IN RECEIPT OF ANY OTHER INCOME DURING THE YEAR TO DATE OF DEATH? IF YES,  
STATE SOURCE OF INCOME AND AMOUNT: .....  
.....

7. WAS DECEASED AT ANY TIME THE OWNER OF LAND IN A SPECIAL DEVELOPMENT AREA FALLING  
UNDER THE LAND DEVELOPMENT DUTY ACT, CAP 78? IF YES, PLEASE GIVE THE LOCATION AND  
WHERE APPLICABLE, THE DATE OF ITS DISPOSAL: .....  
.....  
.....

8. HAS ANY PRIOR APPLICATION BEEN MADE IN RESPECT OF THIS ESTATE? IF YES, GIVE DETAILS:  
.....  
.....  
.....

9. RELATIONSHIP OF APPLICANT TO DECEASED PERSON: .....

10. FULL NAME AND ADDRESS OF APPLICANT(S):  
.....  
.....  
.....  
.....

11. TELEPHONE: .....

EMAIL: .....

12. DESCRIPTION OF ALL ASSETS (IRRESPECTIVE OF DEBTS AND CHARGES) HELD BY THE DECEASED AT THE DATE OF DEATH:

**N.B.: THE FOLLOWING ARE CLASSIFIED AS ASSETS: REAL PROPERTY, CASH IN HAND, CASH IN BANK (State name of Bank and amounts at each), SHARES (State name of Company or Companies), POLICIES OF INSURANCE (State name of company or companies and amount at each), ANY OTHER PROPERTY (State description)**

ASSET INFORMATION	VALUE	
	\$	¢

I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT, AND REPRESENTS A FULL DISCLOSURE OF ALL ASSETS IN RESPECT OF THIS ESTATE.

DATED THIS ..... DAY....., .....

.....  
APPLICANT'S SIGNATURE

.....  
ATTORNEY-AT-LAW