



Revenue Collection Division

## Application for New or Changes to Registration of Companies, Partnerships, Trust or Estates (or Co-operatives, Non-profit Organisations. or Statutory Bodies)

Entity Type (Please tick only one) Partnership:  Estate:  Other:   
 Company:  Trust:  Please specify (if other):

**SECTION A (To be completed by all applicants)**

Entity Name:

Authorised Officer:   
(if a Company)

Address of Registered Office:   
(if applicable)

Address of Exact Location:

Tax Agent's Name:   
(if any)

Mailing Address:   
(or Tax Agent's address)

T.I.N.   
(If already exists)

**Contact Details**

Phone No.:

Fax. No.:

Email:

Bank Name:

Branch:

Account No.:

If a Company, is it Public:  Private:

Is it a Foreign Entity? Yes:  No:

**SECTION B**

Nature of Business:

Date Commenced:  /  /  Date of Incorporation:  /  /  Fiscal Year End:

Trading Names: 1  4   
 2  5   
 3  6

**SECTION C (THIS SECTION FOR EMPLOYERS ONLY)**

Branch Name:  Address:

No. of taxable Employees:  Code:

P.A.Y.E. Mailing Address:

Branch Name:  Address:

No. of taxable Employees:  Code:

**SECTION D** Please provide details of all partners, directors, beneficiaries or trustees. (If insufficient space please attach additional list)

Name	T.I.N	Address

Please provide details of other related companies/entities:

Name	T.I.N	Address

**SECTION E - The following sections for V.A.T. Registration only** (If not registering for V.A.T. go to Declaration)

Taxable Activity:

V.A.T. Mailing Address:

Are you an Importer? Yes:  No:

Are you an Exporter? Yes:  No:

Customs AIE Number:   
(if exists)

**SECTION F**

Do you wish to apply for a payment basis of accounting? Yes:  No:   
(If yes, please select one of the following)

The entity is a public or local authority

The entity is a non-profit body

The total value of taxable supplies in the last 12 months was, or for the next 12 months is expected to be, \$100,000 or less.

**SECTION G**

Do you wish to apply for a 3 monthly taxable period? Yes:  No:   
(If yes, you are agreeing to the following)

Total Taxable Supplies have not, in the last 12 months ending on the last day of any month exceeded \$100,000 and Total Taxable Supplies are not likely to exceed \$100,000 in the period of 12 months beginning on the first day of any month.

**SECTION H**

**DECLARATION:** I declare that the particulars on this form are true and correct.

Full Name:  Signature:

Title/Position:  Date:

(i.e. Precedent Partner, Accountable person or Authorised Officer)

**IT IS A SERIOUS OFFENCE TO GIVE FALSE INFORMATION TO THE COMMISSIONER**

**OFFICE USE ONLY**

Verified and Entered by:

Date Entered:

District Code:

Location Code:

F.S.I.C.:

RAT: