



Registration Form For Fringe Benefit Tax

TAXATION DIVISION (Inland Revenue Services)

SECTION A

T.I.N.:

Contact Details

Branch Name:

Phone No. :

Branch No:

Mobile No. :

Name of Entity:

Fax. No. :

Email :

Trading Name:
(If applicable)

Postal Address :

Name of Individual Owner :
(If not a corporate entity)

Exact Business Location :

Accountable Person :

Name of Tax Agent (if any) :

Name of Precedent Partner (if Partnership) :

Tax Agent No. :

Name of Managing Director/Authorised Officer (if Company) :

SECTION B

Total Number of Employees :

Number of Employees/Associates receiving benefits :

SECTION C

Declaration: I declare that the particulars given on this form are true and correct.

Full Name:

Title/Position:

Precedent Partner/Accountable Person/Manager

Signature:

Date :

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

OFFICIAL USE ONLY

Registration Entered by:

Date Entered: