



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

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:

**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: