



Registration Form for Hotel Turnover Tax

Revenue Collection Division

SECTION A

Name of Entity:

Trading Name:
(If applicable)

T.I.N.:

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

Branch Name:

Branch No:

Accountable Person:

Owner Details

Name of Precedent Partner (if Partnership):

Phone No.:

Fax. No:

Name of Manager (if Company):

Email:

DOB:

Postal Address:

Passport #:

Accountable Person Details

Address of Exact Location:

Phone No.:

Fax. No:

Email:

DOB:

No. of rooms:

Passport #:

Name of Tax Agent (if any):

Precedent Partner Details

Phone No.:

Fax. No:

Email:

DOB:

Passport #:

Manager Details

Phone No.:

Fax. No:

Email:

DOB:

Passport #:

Bank Details

Bank Name:

Commencement Date:

Bank Branch:

Start month of return:

Account No. :

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SECTION B

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

Full Name:

Signature:

Title/Position:

Date :

Precedent Partner/Accountable Person/Manager

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

OFFICE USE ONLY

Registration Entered by:

Date Entered: