



# RETURN BY AGENT FOR NON-RESIDENT INSURANCE COMPANIES

# I

Revenue Collection Division

Derived during the year ended 31st December  or the substituted year ended

### AGENT'S DETAIL

TAX IDENTIFICATION NUMBER (T.I.N.) :

Name:

Postal Address :

### REGISTERED OFFICE OF AGENT

Exact Location :

Postal Address:   
(if different from above)

### AUTHORISED OFFICER OF AGENT

Name :

Postal Address:   
(if different from above)

Email Address:

Telephone No. :

Fax No. :

### OFFICE USE ONLY

Stamp Here

DATA ENTRY :

ASSESSOR :

CHECKER :

FSIC :

BATCH NO. :

RETURN NO. :

**COMPUTATION OF CHARGEABLE INCOME**

Gross Premium Paid Offshore:	\$	
Chargeable Income (15% of Gross Premium):	\$	
Tax thereon:	\$	
Withholding Tax Paid:	\$	
Balance of Tax Owing:	\$	

Office Use Only


**DECLARATION BY AGENT**

I,

being the authorised company officer hereby declare that all particulars shown in this return are true, accurate and complete in every detail.

Signature :

Date:

**DECLARATION BY TAX AGENT**

I,  declare that this tax return has been prepared

in accordance with information supplied by the taxpayer.

Signature:

Date:

Tax Agent's No.:

NOTE : All attachments to this return must be signed by the person authorised to make the return.

**IT IS A SERIOUS OFFENCE TO MAKE A FALSE TAX RETURN**