



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