Revenue Collection Division

Information Update Form for
Companies, Partnerships, Trust or Estates
(or Co-operatives, Non-profit Organisations. or Statutory Bodies)

This form must be completed by all existing Taxpayers

Entity Type (Please tick only one) Partnership: ☐ Estate: ☐ Other: ☐
Company: ☐ Trust: ☐ Please specify (if other):

SECTION A

Entity Name:

Authorised Officer:

T.I.N

Address of Registered Office: (if applicable)

Address of Exact Location:

Contact Details

Business Phone No.:

Fax. No:

Email:

Tax Agent's Name: (if any)

Tax Agent's Number:

Business Reg Num:

Are you a Gold Card Taxpayer : Yes: ☐ No: ☐

If a Company, is it : Public : ☐ Private: ☐

Is it a Foreign Entity? Yes: ☐ No: ☐

SECTION B **Bank Details** [Please attach copy/copies of bank statement(s)]

Bank Name	Branch No.	Account No.

Motor Vehicle Details / LTA Permits

Vehicle No. / LTA Permit No.	Vehicle Type (Commercial/Private)	Registration Date

* Continue on a separate sheet if necessary.

SECTION C

Nature of Business:

Date of Incorporation:

Trading Names: 1 2 3 4

SECTION D **Tax Types You Are Registered For**

Please complete the subsections of the form if the entity is registered with the relevant tax types. Tick "Yes" if registered and complete. If you tick "No" then proceed to the next tax type until you complete all subsection(s)

1 Income Tax : Yes: ☐ No: ☐

Mailing Address :

Accountable Person Details :

Name :

T.I.N

Phone :

Email :

(Section continued on next page)

SECTION D **Tax Types You Are Registered For**

2 Value Added Tax : Yes: ☐ No: ☐

Mailing Address :

Accountable Person Details :

Name :

T.I.N

Phone :

Email :

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3 Pay As You Earn : Yes: ☐ No: ☐

Mailing Address :

Accountable Person Details :

Name :

T.I.N

Phone :

Email :

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4 Social Responsibility Tax : Yes: ☐ No: ☐

Mailing Address :

Accountable Person Details :

Name :

T.I.N

Phone :

Email :

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5 Fringe Benefit Tax : Yes: ☐ No: ☐

Mailing Address :

Accountable Person Details :

Name :

T.I.N

Phone :

Email :

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6 Service Turnover Tax : Yes: ☐ No: ☐

Mailing Address :

Accountable Person Details :

Name :

T.I.N

Phone :

Email :

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7 Environmental Levy : Yes: ☐ No: ☐

Mailing Address :

Accountable Person Details :

Name :

T.I.N

Phone :

Email :

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8 Provisional Tax : Yes: ☐ No: ☐

Mailing Address :

Accountable Person Details :

Name :

T.I.N

Phone :

Email :

(Section continued on next page)

SECTION D **Tax Types You Are Registered For**

9 Telecom Levy : Yes: ☐ No: ☐

Mailing Address :

Accountable Person Details :

Name :

T.I.N

Phone :

Email :

10 Third Party Levy : Yes: ☐ No: ☐

Mailing Address :

Accountable Person Details :

Name :

T.I.N

Phone :

Email :

SECTION E Please provide details of all partners, directors, beneficiaries or trustees. (If insufficient space please attach additional list)
(Attach evidence from Registrar of Companies to substantiate)

Name	T.I.N	Address

Please provide details of other related companies/entities:

Name	T.I.N	Address

SECTION F **DECLARATION**: I declare that the particulars on this form are true and correct.

Full Name:

T.I.N

Title/Position:

(i.e. Precedent Partner, Accountable person or Authorised Officer)

Signature:

Date:

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: