



# Application for New or Changes to TIN Registration of Companies, Partnerships, Trust or Estates

(or Co-operatives, Non-profit Organisations. or Statutory Bodies)

Revenue Collection Division

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

**SECTION A (To be completed by all applicants)**

Entity Name:

Entity T.I.N. (If already exists): 

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Representative:  Rep. T.I.N.: 

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Address of Registered Office (if applicable): 


Address of Exact Location: 


**Contact Details**

Phone No.:

Fax No.:

Email:

Tax Agent's Name (if any):

Mailing Address (or Tax Agent's address): 


If a Company, is it Public:  Private:  Is it a Foreign Entity? Yes:  No:

SECTION B Bank Details			Motor Vehicle Details		
Bank Name	Branch No.	Account No.	Vehicle No.	Vehicle Type <small>(Commercial/Private)</small>	Registration Date

\* Continue on a separate sheet if necessary.

**SECTION C**

Nature of Business:

Date Commenced:  /  /  Date of Incorporation:  /  /  Fiscal Year End:

Trading Names: 

1	
2	
3	

4	
5	
6	

**SECTION D (THIS SECTION FOR EMPLOYERS ONLY)**

<p>Branch Name: <input style="width: 250px;" type="text"/></p> <p>Address: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100%; height: 20px;"></td></tr><tr><td style="width: 100%; height: 20px;"></td></tr><tr><td style="width: 100%; height: 20px;"></td></tr><tr><td style="width: 100%; height: 20px;"></td></tr></table></p> <p>No. of taxable Employees: <input style="width: 40px;" type="text"/> Code: <input style="width: 80px;" type="text"/></p> <p>P.A.Y.E. Mailing Address: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100%; height: 20px;"></td></tr><tr><td style="width: 100%; height: 20px;"></td></tr><tr><td style="width: 100%; height: 20px;"></td></tr><tr><td style="width: 100%; height: 20px;"></td></tr></table></p>									<p>Branch Name: <input style="width: 250px;" type="text"/></p> <p>Address: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100%; height: 20px;"></td></tr><tr><td style="width: 100%; height: 20px;"></td></tr><tr><td style="width: 100%; height: 20px;"></td></tr><tr><td style="width: 100%; height: 20px;"></td></tr></table></p> <p>No. of taxable Employees: <input style="width: 40px;" type="text"/> Code: <input style="width: 80px;" type="text"/></p>				

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

Name	T.I.N	Address

Please provide details of other related companies/entities:

Name	T.I.N	Address

**SECTION F - 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:

Customs AIE Number:   
(if exists)

**SECTION G**

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 H**

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 I**

**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: