



Registration Form for Service Turnover Tax

Revenue Management Division

SECTION A

Name of Entity:

Trading Name:
(If applicable)

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

Accountable Person:

Name of Precedent Partner (if Partnership):

Name of Managing Director/Authorised Officer (if Company):

Postal Address:

Exact Business Location:

Expected Annual Turnover:

Name of Tax Agent (if any):

Tax Agent No.:

Manager Details

Phone No.:
Mobile No.:
Fax. No.:
Email:
TIN:
Passport #:

HOTELS, MOTELS, HOMESTAYS & CRUISESHIPS

No. Of Rooms :

T.I.N.:

Branch Name:

Branch No:

Owner Details

Phone No.:

Mobile No.:

Fax. No.:

Email:

TIN:

Passport #:

Company Director Details

Phone No.:

Mobile No.:

Fax. No.:

Email:

TIN:

Passport #:

Accountable Person Details

Phone No.:

Mobile No.:

Fax. No.:

Email:

TIN:

Passport #:

Precedent Partner Details

Phone No.:

Mobile No.:

Fax. No.:

Email:

TIN:

Passport #:

Commencement Date:

Start month of return:

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: