



**COMMONWEALTH OF THE BAHAMAS
VALUE ADDED TAX DEPARTMENT**

**APPLICATION FOR REGISTRATION OF
A NON-INDIVIDUAL**

**these are mandatory fields and must be completed*

REGISTRATION TYPE

1. Are you registering for **VAT Account or TIN only?** VAT Account with TIN¹ TIN only^{2*}

TAXPAYER DETAILS

Taxpayer Information

2. Organization Type* Company Partnership
 Government Embassy /Diplomatic. Mission
 International Org. Non-Profit.
 Other
3. Registered Business Name*
4. Trade Name*
5. Business NIB Number
6. Incorporation Date
7. Registrar General Identification Number
8. RGD Type Code EE – Executive Entities BN - Business Name
 ELP - Exempted Limited Partnership FCP - Financial & Corporate Service Providers
 F - Foundations B - International Business Corporation

¹ **VAT Account with TIN.** You are above the VAT threshold and are therefore legally responsible to collect VAT on behalf of the Government of The Bahamas; or You are below the VAT threshold but want to legally collect VAT on behalf of the Government of The Bahamas

² **TIN only.** You are not Liable for VAT. The entity is below the VAT threshold and has no desire to collect VAT on behalf of the Government of The Bahamas but needs a TIN to do business with The Government; or the entity is entitled to refunds as a licensee of the Grand Bahama Port Authority.

- NP - Non Profit Company
 C - Regular (Local) Company
 SAC - Segregated Accounts Companies
 Other

Business Information

9. Business Licence Control Number

10. Business Licence Number

11. Business Licence Issue Date

12. Real Property Tax Assessment Number(s)

Assessment No.

Assessment No.

Assessment No.

Are there additional properties? Yes No

13. Primary Nature of Business (ISIC code3) (Level 4: Class)

Code	Description
<input type="text"/>	<input type="text"/>

14. Subsidiary Nature of Business (ISIC code) (Level 4: Class)

Code	Description
<input type="text"/>	<input type="text"/>

15. Country of Residence

Representative

- Not directly employed by the non-individual.
- Persons Managing the Tax Affairs of Taxpayer: Accounting firm, Lawyer/Attorney, Managing firm, Agent of Taxpayer
- All Representatives must first register themselves for a TIN and be approved

16. Representative TIN (Tax Identification Number)

17. Representative Name (As registered with VAT Unit)

18. Relation to the tax payer

A letter authorizing the Representative may be required during the Registration vetting process.

CONTACT DETAILS

Contact Information

19. e-Mail address*

³ ISIC: International Standard Industrial Classification. <http://unstats.un.org/unsd/cr/registry/regcst.asp?Cl=27>

20. Telephone Number (e.g. 242-999-9999)	Country	Area Code	Phone Number	Primary
Phone Number*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Cell Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Fax Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Location Details

Business Address

21. Address Line 1*

22. Address Line 2

23. Settlement*

24. Island*

25. Country

Mailing Address

26. Address Location* Bahamas United States Other Country

27. Address Line 1*

28. Address Line 2

29. P.O. Box No.

30. Settlement/City*

31. Island/State and Zip*

32. Country*

BUSINESS ACTIVITY DETAILS

*** NOT REQUIRED IF REGISTERING FOR TIN ONLY

33. From which date do you wish to start charging VAT (Commencement Date)? dd/mm/yyyy

34. What is your total value of taxable supplies⁴ (excluding capital goods)? \$

35. Do you expect your taxable supplies for the next 12 months to be more than \$100,000? Yes No

36. Are you a commercial importer? Yes No

⁴ Taxable supplies are generally considered those goods and services made or provided in The Bahamas. Also some goods and services made or provided in The Bahamas but are used or their benefits or advantages are enjoyed by a recipient that is outside of The Bahamas are considered taxable supplies. To be taxable, these goods and services must attract a VAT rate of zero per cent or the standard rate of 7.5%. They do not include supplies that are exempt.

- 37. Are you an exporter of taxable supplies? Yes No
- 38. What percentage of your business are zero rated supplies? %
- 39. Do you make exempt supplies? Yes No
- 40. What percentage of your business are exempt supplies? %
- 41. Are you covered by Hawskbill Creek Agreement? Yes No
- 42. Are you a Financial Services Provider? Yes No
- 43. Do you currently have computerized accounting records?
If yes, specify
- 44. Department of Treasury Vendor ID (if you have one)
- 45. Port Business Licence number

BANKING INFORMATION

- 46. Account Holder Name *(as on record at the bank, and matching business or trade name)*
- 47. Bank Name
- 48. Bank Location
- 49. Branch Code
- 50. Bank Account Number
- 51. Bank Account Type (savings or checking)

A bank verification letter may be required during the vetting process.

ADDITIONAL DETAILS

52. BRANCH INFORMATION

Branch Name <input type="text"/>	Address Line 1 <input type="text"/>	Settlement <input type="text"/>	e-Mail
NIB Number <input type="text"/>	Address Line 2 <input type="text"/>	Island <input type="text"/>	Telephone Number <input type="text"/>
Business Licence Number <input type="text"/>			
Branch Name <input type="text"/>	Address Line 1 <input type="text"/>	Settlement <input type="text"/>	e-Mail
NIB Number <input type="text"/>	Address Line 2 <input type="text"/>	Island <input type="text"/>	Telephone Number <input type="text"/>
Business Licence Number <input type="text"/>			
Branch Name <input type="text"/>	Address Line 1 <input type="text"/>	Settlement <input type="text"/>	e-Mail
NIB Number <input type="text"/>	Address Line 2 <input type="text"/>	Island <input type="text"/>	Telephone Number <input type="text"/>
Business Licence Number <input type="text"/>			
Branch Name <input type="text"/>	Address Line 1 <input type="text"/>	Settlement <input type="text"/>	e-Mail
NIB Number <input type="text"/>	Address Line 2 <input type="text"/>	Island <input type="text"/>	Telephone Number <input type="text"/>
Business Licence Number <input type="text"/>			

(For additional Branches, please make a copy of this page)

53. DIRECTORS INFORMATION

First-Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Island/State <input type="text"/>	Telephone: <input type="text"/>
Last-Name <input type="text"/>	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	P.O. Box/Zip Code <input type="text"/>	Email <input type="text"/>
	Citizen of the Bahamas <input type="checkbox"/> Yes <input type="checkbox"/> No	Settlement/City <input type="text"/>	Country <input type="text"/>	

First-Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Island/State <input type="text"/>	Telephone: <input type="text"/>
Last-Name <input type="text"/>	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	P.O. Box/Zip Code <input type="text"/>	Email <input type="text"/>
	Citizen of the Bahamas <input type="checkbox"/> Yes <input type="checkbox"/> No	Settlement/City <input type="text"/>	Country <input type="text"/>	

First-Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Island/State <input type="text"/>	Telephone: <input type="text"/>
Last-Name <input type="text"/>	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	P.O. Box/Zip Code <input type="text"/>	Email <input type="text"/>
	Citizen of the Bahamas <input type="checkbox"/> Yes <input type="checkbox"/> No	Settlement/City <input type="text"/>	Country <input type="text"/>	

First-Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Island/State <input type="text"/>	Telephone: <input type="text"/>
Last-Name <input type="text"/>	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	P.O. Box/Zip Code <input type="text"/>	Email <input type="text"/>
	Citizen of the Bahamas <input type="checkbox"/> Yes <input type="checkbox"/> No	Settlement/City <input type="text"/>	Country <input type="text"/>	

(For additional Directors, please make a copy of this page)

54. PARTNERS

First-Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Settlement/City <input type="text"/>	Telephone: <input type="text"/>
Last-Name <input type="text"/>	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	Island/State <input type="text"/>	Email <input type="text"/>
Citizen of the Bahamas Yes No		P.O. Box/Zip Code <input type="text"/>	Country <input type="text"/>	

First-Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Settlement/City <input type="text"/>	Telephone: <input type="text"/>
Last-Name <input type="text"/>	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	Island/State <input type="text"/>	Email <input type="text"/>
Citizen of the Bahamas <input type="checkbox"/> Yes <input type="checkbox"/> No		P.O. Box/Zip Code <input type="text"/>	Country <input type="text"/>	

First-Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Settlement/City <input type="text"/>	Telephone: <input type="text"/>
Last-Name <input type="text"/>	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	Island/State <input type="text"/>	Email <input type="text"/>
Citizen of the Bahamas <input type="checkbox"/> Yes <input type="checkbox"/> No		P.O. Box/Zip Code <input type="text"/>	Country <input type="text"/>	

First-Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Settlement/City <input type="text"/>	Telephone: <input type="text"/>
Last-Name <input type="text"/>	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	Island/State <input type="text"/>	Email <input type="text"/>
Citizen of the Bahamas <input type="checkbox"/> Yes <input type="checkbox"/> No		P.O. Box/Zip Code <input type="text"/>	Country <input type="text"/>	

(For additional shareholders, please make a copy of this page)

55. MAJOR SHAREHOLDERS INFORMATION (holdings of 10 percent or more of commons shares)

Full name / Business Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Island/State <input type="text"/>	Telephone: <input type="text"/>
	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	P.O. Box/Zip Code <input type="text"/>	Email <input type="text"/>
Citizen of the Bahamas <input type="checkbox"/> Yes <input type="checkbox"/> No	Shareholder % <input type="text"/>	Settlement/City <input type="text"/>	Country <input type="text"/>	

Full name / Business Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Island/State <input type="text"/>	Telephone: <input type="text"/>
	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	P.O. Box/Zip Code <input type="text"/>	Email <input type="text"/>
Citizen of the Bahamas <input type="checkbox"/> Yes <input type="checkbox"/> No	Shareholder % <input type="text"/>	Settlement/City <input type="text"/>	Country <input type="text"/>	

Full name / Business Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Island/State <input type="text"/>	Telephone: <input type="text"/>
	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	P.O. Box/Zip Code <input type="text"/>	Email <input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shareholder % <input type="text"/>	Settlement/City <input type="text"/>	Country <input type="text"/>	

Full name / Business Name <input type="text"/>	Occupation <input type="text"/>	Address Line 1 <input type="text"/>	Island/State <input type="text"/>	Telephone: <input type="text"/>
	NIB/National ID <input type="text"/>	Address Line 2 <input type="text"/>	P.O. Box/Zip Code <input type="text"/>	Email <input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shareholder % <input type="text"/>	Settlement/City <input type="text"/>	Country <input type="text"/>	

(For additional Shareholders, please make a copy of this page)

1. DECLARATION*

* I hereby declare that the information provided is true, correct and complete to the best of my knowledge and belief, and that I have the authority to make this disclosure of information and declaration.

Full Name*

Signature

Date (dd/mm/yyyy) *

SAMPLE ONLY

For VAT Department Use ONLY

NON-INDIVIDUAL REGISTRATION

RECEIVING

Application Received From
 Full name Date

Received Via e-Mail By Hand Post Fax

Application Received By
 Full name Date

Receipt Number

Department V. Large Large Medium Small V.Small

VETTING

Name of Contact

Contact Telephone Ext
 Ext

Contact e-Mail

Notes

Date	Notes

Check List

Business Licence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Registrar General	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
NIB	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Business Name	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade Name	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Location	<input type="checkbox"/> Yes <input type="checkbox"/> No
e-Mail Address	<input type="checkbox"/> Yes <input type="checkbox"/> No
Representative Details	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

VETTING

INFORMATION COMPLETE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Accounting Method

Accrual Cash

Filing Frequency

Monthly Quarterly Bi-annually Annually

Filing Method

Standard Flat

DATA ENTRY

Batch No.

Key entered by

Verified by

RMS Registration Case Number

Name

Date

Name

Date

APPROVAL

Approved: Yes No

Tax Identification Number

Effective Date of Registration (dd/mm/yyyy)

Reason for Rejection (if applicable)

Processed by (Full Name)

Date Processed

FINAL APPROVAL

Number of VAT Certificates issued

Method of Certificate Delivery e-Mail By Hand Post Pick-up

Signature of Comptroller/Registration Supervisor

Date

DELIVERY BY HAND

Delivered to (address location)	<input type="text"/>
Name of recipient	<input type="text"/>
Signature of Recipient	<input type="text"/>
Date of Delivery	<input type="text"/>
Delivered by	<input type="text"/>

If by post ... Posted Date	<input type="text"/>
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SAMPLE ONLY