



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

**APPLICATION FOR REGISTRATION OF
AN INDIVIDUAL**

REGISTRATION TYPE

1. Are you registering for **VAT Account or TIN only?** VAT Account with TIN¹ TIN only²

TAXPAYER DETAILS

Taxpayer Information

2. Organization Type Sole Trader Trustee Other
3. Title Mr. Mrs. Ms. Dr.
4. First Name*
5. Middle Name
6. Last Name*
7. Date of Birth (dd/mm/yyyy) *
8. Personal NIB/National ID*
9. Country of Residence

Business Information

10. Trade Name (as registered with Business Licence)
11. Business NIB number

¹ **VAT Account and 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. You are below the VAT threshold and have no desire to collect VAT on behalf of the Government of The Bahamas but need a TIN to do business with The Government, or the entity is entitled to refunds as a Licensee of the Grand Bahama Port Authority.

12. Business Licence Control Number

13. Business Licence Number

14. Business Licence Issue Date

15. Real Property Tax Assessment Number(s)
 Assessment No.
 Assessment No.
 Assessment No.
 Are there additional properties? Yes No

16. Primary Nature of Business (ISIC code3)
 (Level 4: Class) Code Description

17. Subsidiary Nature of Business (ISIC code)
 (Level 4: Class) Code Description

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.*

18. Representative TIN (Tax Identification Number)

19. Representative Name (as registered with VAT Unit)

20. Relation to the taxpayer

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

CONTACT DETAILS

Contact Information

21. e-Mail address*

22. Telephone Number (e.g. 242-999-9999) Country Area Code Phone Number Primary

Phone Number*

Cell Number

Fax Number

Location Details

Business Address

23. Address Line 1

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

- 24. Address Line 2
- 25. Settlement
- 26. Island
- 27. Country

Home Address

- 28. Address Line 1*
- 29. Address Line 2
- 30. Settlement*/City
- 31. Island*/State and Zip
- 32. Country*

Mailing Address

- 33. Address Location* Bahamas United States Other Country
- 34. Address Line 1*
- 35. Address Line 2
- 36. P.O. Box No.
- 37. Settlement/City*
- 38. Island/State and Zip*
- 39. Country*

BUSINESS ACTIVITY DETAILS *** NOT REQUIRED IF REGISTERING FOR TIN ONLY

- 40. From which date do you wish to start charging VAT (Commencement Date)? dd/mm/yyyy
- 41. What is your total value of taxable supplies⁴ (excluding capital goods)? \$
- 42. Do you expect your taxable supplies for next 12 months to be more than \$100,000? Yes No
- 43. 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.

- 44. Are you an exporter of taxable supplies? Yes No
- 45. What percentage of your business are zero rated supplies? %
- 46. Do you make exempt supplies? Yes No
- 47. What percentage of your business are exempt supplies? %
- 48. Are you covered by Hawskbill Creek Agreement? Yes No
- 49. Are you a Financial Services Provider? Yes No
- 50. Do you currently have computerized accounting records?
If yes, specify
- 51. Department of Treasury Vendor ID (if you have one)
- 52. Port Business Licence number

BANKING INFORMATION

- 53. Account Holder Name (as on record at the bank, and matching business or trade name)
- 54. Bank Name
- 55. Bank Location
- 56. Branch Code
- 57. Bank Account Number
- 58. Bank Account Type (savings or checking)

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

ADDITIONAL DETAILS

59. BRANCH INFORMATION

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

(For additional Branches, 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

INDIVIDUAL REGISTRATION

RECEIVING

Application Received From
 Full name Date

Received via eMail 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
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 Address	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	<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	<input type="checkbox"/> Accrual <input type="checkbox"/> Cash
Filing Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually
Filing Method	<input type="checkbox"/> Standard <input type="checkbox"/> Flat

DATA ENTRY

Batch No.	<input type="text"/>
Key entered by	<input type="text"/>
Verified by	<input type="text"/>
RMS Registration Case Number	<input type="text"/>

Name	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Date	<input type="text"/>

APPROVAL

Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Identification Number	<input type="text"/>
Effective Date of Registration	<input type="text"/> (dd/mm/yyyy)
Reason for Rejection (if applicable)	<input type="text"/>
Processed By (Full Name)	<input type="text"/>
Date Processed	<input type="text"/>

FINAL APPROVAL

Number of VAT Certificates issued	<input type="text"/>
Method of Certificate Delivery	<input type="checkbox"/> e-Mail <input type="checkbox"/> By Hand <input type="checkbox"/> Post <input type="checkbox"/> Pick-up
Signature of Comptroller/Registration Supervisor	<input type="text"/>
Date	<input type="text"/>

DELIVERY BY HAND

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