

FORM C

Assessment#

Code

PROPERTY TAX APPLICATION FOR ASSESSMENT/POSITION OF ACCOUNT

(1) Applicant's Name
(State Name of Company if Limited Company)

(2) Street Address

(3) P. O .Box (4) Telephone No.

(5) Legal Description

(6) Name of Mortgagee

(7) Required Information Required Document

- | | |
|---|--------------------------|
| (a) Written letter from owner/duly authorised agent requesting assessment | <input type="checkbox"/> |
| (b) Root of Title (showing all the owners) | <input type="checkbox"/> |
| (c) Subdivision approval | <input type="checkbox"/> |
| (d) Copy of Conveyance | <input type="checkbox"/> |
| (e) Copy of Occupancy Certificate (BEC letter of initial supply) | <input type="checkbox"/> |
| (f) Completed Declaration Form (including Present Market Value) | <input type="checkbox"/> |
| (g) Survey plan (with coordinates by registered Surveyor) | <input type="checkbox"/> |
| (h) Completed Affirmation Form for owner occupied properties | <input type="checkbox"/> |
| (i) Bahamian status (first 4 pages of passport) *see note below | <input type="checkbox"/> |

Official Use Only		
<u>Additional Info Needed</u>		
	Customer Service	Quality Control
(a)	<input type="checkbox"/>	<input type="checkbox"/>
(b)	<input type="checkbox"/>	<input type="checkbox"/>
(c)	<input type="checkbox"/>	<input type="checkbox"/>
(d)	<input type="checkbox"/>	<input type="checkbox"/>
(e)	<input type="checkbox"/>	<input type="checkbox"/>
(f)	<input type="checkbox"/>	<input type="checkbox"/>
(g)	<input type="checkbox"/>	<input type="checkbox"/>
(h)	<input type="checkbox"/>	<input type="checkbox"/>
(i)	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: Declarations must be correct in all material details except for “Market Value” See Section 7 (5) of Act. Where an owner fails to make a return he is guilty of an offence and may be liable to a fine not exceeding \$3,000.00. Also, the tax is recoverable up to a period of 10 years in retrospect.

I hereby declare that the information given above is true and correct.

Signature of Applicant

Witness

Date

Date

***Declaration of 60% beneficial status for companies**

Certified By

Date

FOR OFFICIAL USE ONLY

(1) _____
Receiving Officers Signature

(2) _____
Date Received

(3) _____
Quality Control Officer

(4) _____
Date Received