

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

DECLARATION OF PERSON TO BE THE TAXPAYER'S REPRESENTATIVE

(This document is to be completed and signed by the Taxpayer. This form must be submitted in electronic format)

This is to authorize and declare the below identified	ed as the representative of	
trading as	s	
☐ The representative will be responsible for VAT	transactions and activities on beha	If of the business:
☐ Please copy me on all written communications.		
The Representative's details are as follows: Representative is an employee of taxpayer	☐ Yes ☐ No	
The Representative is a/an	☐ Individual ☐ Non-Individua	al
Business Name (non-individual) or Full-name (individual)		
Trade Name (non-individual)		
Personal NIB (if individual)		
Business NIB		
	ated Officer of the Company Controlling Affairs of Taxpayer	Management Liquidator
Address Line 2		
P.O Box No.		
Settlement/Sub-division/City		
Island/State and Zip code		
Country		
E-Mail		
☐I hereby declare that the information provided is belief, and that I have the authority to make this di		
Full Name S	Signature	Date (dd/mm/yyyy)

For VAT Department Use ONLY

Date Application Received (dd/mm/yyyy)	
Received by (Full Name)	
Reference Number	
Representative Tax Identification Number	
Effective Date of Registration (dd/mm/yyyy)	
Approved:	☐ Yes ☐ No
Comment	
Processed by (Full Name)	
Date Processed	
Signature of Comptroller	
Date	