



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

**APPLICATION FOR THE CHANGE OF
A VAT GROUP LEADER/ AUTHORIZED PERSON**

A. GROUP INFORMATION

- 1. Name of the group
- 2. Requested date to change leaders (if applicable)
- 3. Name of new authorized person (if applicable)
- 4. Position/Title of new authorized person (if applicable)

B. CURRENT GROUP LEADER'S INFORMATION

- 5. TIN
- 6. Trading Name

C. NEW GROUP LEADER'S INFORMATION (FILL IF APPLICABLE)

- 7. TIN
- 8. Trading Name

8. As Group Leader, we agree to assume responsibility for the existing tax arrears of all group members, if any, as well as for the regulatory requirements and filing of the single VAT Return and payment of any taxes due on behalf of the group

- 9. Signature of representative _____
- 10. Date