



**COMMONWEALTH OF THE BAHAMAS  
DEPARTMENT OF INLAND REVENUE  
ZERO RATING OF INTER VIVOS GIFT OF REAL  
PROPERTY**

**A. FIRM & INFORMATION**

1. TIN of Firm:

2. Name of Firm:

**B. ATTORNEY INFORMATION**

3. Attorney's Name:

4. Date of Submission:

**C. TRANSFEROR'S INFORMATION**

5. TIN of Transferor (if applicable):

6. Transferor's Name:

7. Transferor's Address:

8. Relationship to Transferee:

9. Transferor's NIB#

**D. TRANSFEREE'S INFORMATION**

10. TIN of Transferee (if applicable):

11. Transferee's Name:

12. Transferee's Address:

13. Relationship to Transferor:

14. Transferee's NIB#

**E. PROPERTY INFORMATION**

15. Particulars of Gift (include legal description):

16. Transferor's Estimate of Market Value of Gift

17. Real Property Assessment Number

**F. SIGNATURE**

18. Name of Authorized Person

19. Title of Authorized Person

20.  We hereby declare that the information provided is true, correct and complete to the best of our knowledge and belief, and that we have the authority to make this disclosure of information and declaration.

\_\_\_\_\_  
21. Signature of Authorized Person

22. Date

Please Submit the following Support Documents if applicable:

- a) Original or certified copy of the birth certificate of the transferor
- b) Original or certified copy of the birth certificate of the transferee
- c) Other proof of parentage
- d) Marriage certificate of transferor
- e) Marriage certificate of transferee
- f) For any company involved in the transaction:
  - I. Copy of the most recent annual return
  - II. Certificate of good standing
  - III. Declaration of beneficial ownership
- g) You may email your application to [firsthomeexemption@bahamas.gov.bs](mailto:firsthomeexemption@bahamas.gov.bs)