



THE COMMONWEALTH OF THE BAHAMAS
VALUE ADDED TAX DEPARTMENT

NOTICE IN WRITING OF CHANGE OF CIRCUMSTANCES - VAT REGISTRATION

Non-individuals Complete this Section (Companies, Partnerships, non-profits or trust, etc.):

Company Name:

Trade Name:

Company Address:

TIN:

Representative's TIN
(if applicable)

BUSINESS ACTIVITIES:

From which date do you wish to commence charging VAT?

(mm/dd/yyyy)

What is your total value of taxable supplies (taxable sales turnover, excluding capital goods)?

Do you expect your taxable supplies for the next 12 months to be more than \$100,000?

☐ Yes ☐ NO

Are you a commercial importer?

☐ Yes ☐ NO

Are you an exporter of taxable supplies?

☐ Yes ☐ NO

Do you make exempt supplies?

☐ Yes ☐ NO

What is your zero-rated percentage?

Are you covered by the Hawsbill Creek Agreement?

☐ Yes ☐ NO

If you answered 'yes' to the previous question, please specify license number

Are you a Financial Service Provider?

☐

Yes

☐

NO

Do you currently have computerised accounting records?

☐

Yes

☐

NO

If you answered 'yes' to the previous question, please specify

BANK INFORMATION

Account holder:

Bank name:

Branch location:

Branch code:

Account number:

Bank account type:

Provide details of the change of circumstance(s):

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.

Full Name

Representative Full Name (if applicable)

Registrant Signature

Representative Signature (if applicable)

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

