



**Part A: Entity that is part of a MNE group for DMTT purposes**

**1** Name of the Bahamas Entity:

**2** Enter your Taxpayer Identification Number (TIN). If you do not have a TIN, leave this field blank:

**3** Provide the most relevant International Standard Industry Code (ISIC) for the Entity:

**4** Please provide the start and end dates of the MNE Group's first Fiscal Year during which the entity falls within the scope of the DMTT Act:

**4.a** Start Date:

**4.b** End Date:

**5** Estimated Annual revenue for the Fiscal Year indicated at Question 4:

**5.a** Reporting Currency:

**5.b** Amount:

**6** Is the Entity included in the MNE Group's Country-by-Country Reporting and is the Entity included in The Bahamas' CbC notification?  Yes  No

**7** Entity Address Details:

**7.a** Street Address:

**7.b** City:

**7.c** Island/Parish/State:

**7.d** Postal Code:

**7.e** Country:

**8** Contact Details:

**8.a** Contact Name:

**8.b** Position:

**8.c** Email Address:

**8.d** Phone Number:

Country code (e.g., +1, +44, +91) Enter your contact number Example: 242-555-2671

**9** Type of Entity:  Bahamas Tax Resident Entity  
 Bahamas Permanent Establishment

**10** If the Entity is an Excluded Entity, please confirm type of exclusion:  Governmental Entity  
 International Organization  
 Non-profit Organization  
 Pension Fund  
 Investment Fund that is an Ultimate Parent Entity  
 Real Estate Investment Vehicle that is an Ultimate Parent Entity  
 The 95% Test  
 The 85% Test  
 Not applicable



## Part B: Ultimate Parent Entity ("UPE") Details

**1** Is Bahamian Entity the UPE?  Yes  No

**2** Full name of the UPE of the Multinational Enterprise ("MNE") Group in which the Bahamas Constituent Entity is a member:

**3** Consolidated group revenue for the Fiscal Year indicated at question 4 in Part A:

**3.a** Reporting Currency

**3.b** Estimated Amount

**4** UPE Tax Residency:

**5** UPE Address Details:

**5.a** Street Address:

**5.b** City:

**5.c** Island/Parish/State:

**5.d** Postal Code:

**5.e** Country:



### Part C: Reporting Entity Details

**1** Where the MNE Group is required to submit a prescribed Globe Information Return ("GIR"), what type of entity is doing so?

- UPE  
 Designated filing entity  
 N/A

**2** Full name of the GIR filing entity

**3** GIR filing entity tax residency:

**3.a** Same as UPE?

- Yes  No

**3.b** Country

**4** Reporting entity address details:

**4.a** Same as UPE?

- Yes  No

**4.b** Street Address

**4.c** City

**4.d** Island/Parish/State

**4.e** Postal Code

**4.f** Country



## Part D: Consent For Information Sharing

*By submitting this form, the Company consents to the collection, processing, and disclosure of its Taxpayer Identification Number (TIN) and other relevant details for tax compliance and regulatory purposes. This information may be shared with tax authorities, financial institutions, or authorized third parties as required by law, with appropriate safeguards to ensure confidentiality and security.*

## Part E: Declaration

*"I declare that I have examined this form (including any accompanying attachments) and, to the best of my knowledge and belief, they are true, correct, and complete.*

*I further declare that I am authorized to make this notification on behalf of the Filing Bahamas Entity."*

Name:

Signature:

Email Address:

Title:

Date:

**PRINT**

**SUBMIT**