



BUSINESS REGISTRATION FORM FOR NON-GOVERNMENTAL ORGANISATIONS, ASSOCIATIONS AND FOUNDATIONS. REVENUE ADMINISTRATION ACT, 2009 & VALUE ADDED TAX ACT 2010

OFFICE USE ONLY

APPLICATION NR
TIN

- BEFORE YOU FILL IN THIS FORM, PLEASE READ THE NOTE AT THE BACK. FILL IN THE RELEVANT BOXES AND IF NOT APPLICABLE, INDICATE "N/A".
- PLEASE COMPLETE ALL SECTIONS, ESPECIALLY THE MANDATORY FIELDS INDICATED WITH A * IN ENGLISH, AND SIGN THE DECLARATION.
- IF THE BOXES PROVIDED IN THIS FORM IS NOT SUFFICIENT, PLEASE USE ADDITIONAL FORMS AND MAKE SURE TO INDICATE YOUR BUSINESS NAME / TIN ON EACH FORM.

DECLARATION *

I (Full Name) certify that the particulars provided herein are true and correct in every detail.

Signature:

Date:
(DD/MM/YYYY)

Entities are only allowed to have one TIN. This registration form is applicable for companies which are not deriving taxable income.

1. Business Details*

Registered Name*	<input type="text"/>	Registration Number Issued by ROC/ FSA): *	<input type="text"/>
Business Registration Number (BRN)	<input type="text"/>	Date of Registration* (DD/MM/YYYY)	<input type="text"/>
Email Address	<input type="text"/>	Office No.	<input type="text"/>
Website	<input type="text"/>	Mobile No.	<input type="text"/>
Pension Fund No.*	<input type="text"/>	WhatsApp No.	<input type="text"/>

If you are hiring Seychellois employees, Pension Fund No is mandatory.

Either email, office no or mobile no must be filled.

Type of Legal Arrangements*

Government Domestic Association Domestic Foundation NGO

(Domestic implies registered with the Seychelles Registrar General's Office)

2. Physical Address*

Street Name*	<input type="text"/>	Building Name*	<input type="text"/>
Sub District	<input type="text"/>	District*	<input type="text"/>
Island*	<input type="text"/>		

3. Postal Address (If different from above)

Street Name	<input type="text"/>	Building Name / Apartment No	<input type="text"/>
Sub District	<input type="text"/>	District*	<input type="text"/>
City/Town*	<input type="text"/>	Country*	<input type="text"/>
P.O. Box*	<input type="text"/>	Zip Code	<input type="text"/>

4. Associated / Related Companies (If Applicable)

Company Name	Country of Incorporation	TIN (or equivalent)	Postal Address	Association Type

5. Taxpayer Representative/ Contact Person

Title* Mr Mrs Miss Dr Prof Gender* Male Female Position*

Surname* Given Names* NIN*

Office No. Country Code Email Address

Mobile No. Appointment Date*
(DD/MM/YYYY)

WhatsApp No.

Either email, office no or mobile no must be filled.

Address

P.O. Box* Building Name / Apartment No

Street Name Sub-District

District* Island*

6. Tax Agent / Other Authorized Representative (if Applicable)

Name of Other Authorized Representative / Tax Agent

TIN (Tax Agent) STA No* (If Tax Agent)

7. Banking Details

Bank Country* Name of Bank*

Branch Name* Branch Code* Name of Account Holder*

Account No.* SWIFT IBAN

8. Tax Obligations

Question	Answer	If Yes, Provide the Additional Information
1. Do you have workforce (including domestic workers for individuals) or intend to hire workforce?	Yes <input type="radio"/> No <input type="radio"/>	Commencement Date (DD/MM/YYYY) <input type="text"/>
2. Do you work with specified businesses listed in Annex 3?	Yes <input type="radio"/> No <input type="radio"/>	Commencement Date (DD/MM/YYYY) <input type="text"/>
3. Are you a company residential property owner generating income from rent of building or part of it? If Yes, Fill Annex 1- Rented Property Address	Yes <input type="radio"/> No <input type="radio"/>	Commencement Date (DD/MM/YYYY) <input type="text"/>
4. Do you make payments to non-resident in respect of dividend, interest, royalty, insurance, or technical service fee?	Yes <input type="radio"/> No <input type="radio"/>	Commencement Date (DD/MM/YYYY) <input type="text"/>
5. Do you make remuneration to a non-resident entertainer or sports person?	Yes <input type="radio"/> No <input type="radio"/>	Commencement Date (DD/MM/YYYY) <input type="text"/>
6. Are you a non-Seychellois residential property owner? If Yes, Fill Annex 2- IPT Details	Yes <input type="radio"/> No <input type="radio"/>	Commencement Date (DD/MM/YYYY) <input type="text"/>

Annex 1: Rented Property Address

Property Parcel No*

Street Name Building Name / Apartment No

Sub District District *

Island *

Other Property Address 2 (If Applicable)

Property Parcel No*

Street Name Building Name / Apartment No

Sub District District *

Island *

Other Property Address 3 (If Applicable)

Property Parcel No*

Street Name Building Name / Apartment No

Sub District District *

Island *

Annex 2: IPT Details

Property Parcel No*	<input type="text"/>	Property Description:	<input type="text"/>
Property Registration No*	<input type="text"/>	Property Registration Date*	<input type="text"/>
Percentage Ownership:	<input type="text"/>	Percentage Ownership Start Date:	<input type="text"/>
First time Owner?	<input type="text"/>	Property Valuation Currency:	<input type="text"/>
Property Value:	<input type="text"/>	Property Valuation Date:	<input type="text"/>
Property Valuation Start Date:	<input type="text"/>		
Street Name	<input type="text"/>	Building Name / Apartment No	<input type="text"/>
Sub District	<input type="text"/>	District *	<input type="text"/>
Island *	<input type="text"/>		

Annex 3: Specified Business Sectors (PAYG Specified Business)

- Building Contractor
- Maintenance Contract
- Mechanic (motor vehicle, marine or refrigeration)
- Hirer or operator of plant, equipment including sea vessels, motor vehicle used for the transportation of goods and for towing
- Hirer of public omnibus

Should you require any assistance in completing this application please contact the Seychelles Revenue Commission Offices:

3rd Floor, Maison Collet, Mahe – Tel: 4293737/ Grand Anse Praslin – Tel 4233666/ Baie Ste Anne Praslin – Tel 2814383/ SLA Office, La Digue – Tel 2822556

Registry e-mail address registry@src.gov.sc