



BUSINESS REGISTRATION FORM FOR COMPANY RESIDENTIAL RENT. 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 subject to the Business Tax Act.

1. Business Details*

Registered Name*	<input type="text"/>	Company Registration Number Issued by ROC/ FSA:	<input type="text"/>
Business Registration Number (BRN)	<input type="text"/>	Date of Incorporation* (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"/>

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

Type of Legal Arrangements*

Government Domestic Association Domestic Foundation NGO Trust

(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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Taxpayer Representative (if applicable)

Title* Mr Mrs Miss Dr Prof Gender * Male Female

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* Association Type

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. 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"/>
3. 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"/>

9. Details of Directors (if applicable)

Surname*	<input type="text"/>	Given Name(s)*	<input type="text"/>
Nationality*	<input type="text"/>	NIN / Passport*	<input type="text"/>
Passport Expiry Date	<input type="text"/>	Passport Issue Date	<input type="text"/>
Appointment Date*	<input type="text"/>		
Office No.	<input type="text"/>	Country Code	<input type="text"/>
Mobile No.*	<input type="text"/>	Email Address*	<input type="text"/>
		Gender*	Male <input type="radio"/> Female <input type="radio"/>

Address

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"/>		

Details of Other Directors (Please attach similar details for more directors if available)

Surname*	<input type="text"/>	Given Name(s)*	<input type="text"/>
Nationality*	<input type="text"/>	NIN / Passport*	<input type="text"/>
Passport Expiry Date	<input type="text"/>	Passport Issue Date	<input type="text"/>
Appointment Date*	<input type="text"/>		
Office No.	<input type="text"/>	Country Code	<input type="text"/>
Mobile No.*	<input type="text"/>	Email Address*	<input type="text"/>
		Gender*	Male <input type="radio"/> Female <input type="radio"/>

Address

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"/>		

10. Electronic Facilities

Would you like to receive notifications electronically? Yes No If "Yes", SRC will serve acts, and deliver communications and notices to the registered email address of the taxpayer

Annex 1: Rented Property Address

Property Parcel No*	<input type="text"/>	Building Name / Apartment No	<input type="text"/>
Street Name	<input type="text"/>	District *	<input type="text"/>
Sub District	<input type="text"/>		
Island *	<input type="text"/>		

Other Property Address 2 (If Applicable)

Property Parcel No*	<input type="text"/>	Building Name / Apartment No	<input type="text"/>
Street Name	<input type="text"/>	District *	<input type="text"/>
Sub District	<input type="text"/>		
Island *	<input type="text"/>		

Other Property Address 3 (If Applicable)

Property Parcel No*	<input type="text"/>	Building Name / Apartment No	<input type="text"/>
Street Name	<input type="text"/>	District *	<input type="text"/>
Sub District	<input type="text"/>		
Island *	<input type="text"/>		

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"/>		

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Date Received (DD/MM/YYYY)	<input type="text"/>	Date Captured (DD/MM/YYYY)	<input type="text"/>	Captured By	<input type="text"/>
Date Approved (DD/MM/YYYY)	<input type="text"/>	Approved By	<input type="text"/>		

Please provide the following if registering as:

Individual	A copy of the Business Licence & Business Registration name (if applicable)
All Employers	A List of all Employees

Regulation 4 – Revenue Administration (Business Registration) Regulation 2010

4. Any new business commencing operations in Seychelles on or after 1 January 2010 shall, within 14 days after the date on which the business commences, apply for registration in the approved form providing the following particulars –

- (a) the name of the business;
- (b) the date the business commenced;
- (c) the name and address of the owner of the business and where the owner is a partnership, the name and address of each the partner in the partnership;
- (d) the nature of the activities of the business
- (e) an estimate of the net income the business is expected to derive in the first tax year of its operation

Section 6 – Income & Non-Monetary Benefits Tax Act, 2010

Payment of Income Tax withheld

6. (1) Tax required to be withheld by an employer shall be paid to the Commissioner General within 21 days after the end of the month in which the employer was required to withhold the tax.

(2) In the event that an employer fails to satisfy the provisions of this section, the Commissioner General may involve the powers under Part V of the Revenue Administration Act to ensure compliance.

Section 7 – Value Added Tax Act, 2010

7. (1) A person must apply to the Commissioner General for registration for VAT –

- (a) at the beginning of any 12 months' period, if there are reasonable grounds to expect that the person will exceed the registration threshold in that period; or
- (b) at the end of any 12 month or lesser period, if in that period the person exceeds the registration threshold

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