



REGISTRATION FORM FOR INTERNATIONAL BUSINESS CORPORATIONS UNDER THE IBC ACT 2016

OFFICE USE ONLY

APPLICATION NR

TIN

- BEFORE YOU FILL IN THIS FORM PLEASE READ THE NOTE AT THE BACK. FILL IN ALL BOXES CLEARLY, AND WRITE 'NONE' WHERE NECESSARY. DON'T PUT A DASH OR LEAVE A BOX BLANK.
- IF YOU NEED MORE INFORMATION AND HOW IT APPLIES TO YOU, GO TO OUR WEBSITE WWW.SRC.GOV.SC
- PLEASE COMPLETE ALL SECTIONS, ESPECIALLY MANDATORY FIELDS INDICATED WITH A * IN ENGLISH, AND SIGN THE DECLARATION.
- IF YOU ALREADY ARE A REGISTERED TAXPAYER WITH A TIN, BUT WOULD LIKE TO REGISTER FOR ADDITIONAL TAX OBLIGATIONS, THEN DO NOT USE THIS FORM, BUT THE PRESCRIBED CHANGE OF DETAILS 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 solely used for international business corporations with no business activity in Seychelles. If you are an IBC with a domestic source of income, please register using the standard company registration form.

1. Company/ Personal Details Details

Company Name * Date of Incorporation * (DD/MM/YYYY)

Company Number from Financial Services Authority (FSA): *

Email Address Office No. Country Code

Website Mobile No.

Why are you registering for TIN? *

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

2. Physical Address Location and address of principal place of business

Address Line 1 * Address Line 2

Province/State/Region * City *

Country * ZIP code *

3. Postal Address *

Address Line 1 * Address Line 2

Province/State/Region * City *

Country * ZIP code *

P.O. Box

4. ICSP Registered Agent/ Office *

Details of International Corporate Service Provider (registered agent)

Name of ICSP *	<input type="text"/>	Office No.	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	Mobile No.	<input type="text"/>	<input type="text"/>
Taxpayer Identification Number (TIN)	<input type="text"/>	Appointment Date * (DD/MM/YYYY)	<input type="text"/>	

Country Code

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

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"/>		

Postal Address

Street Name	<input type="text"/>	Building Name	<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"/>

Details of contact person in the ICSP *

Surname *	<input type="text"/>	Given Name(s) *	<input type="text"/>		
National Identity Number (NIN) *	<input type="text"/>	Office Number	<input type="text"/>	Mobile Number	<input type="text"/>
Email Address	<input type="text"/>	Taxpayer Identification Number (TIN)	<input type="text"/>		

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

Address of the company or office where the accounting records are kept in Seychelles *

Taxpayer Identification Number (TIN)	<input type="text"/>	Company Name	<input type="text"/>
Street Name	<input type="text"/>	Building Name	<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:

Company	A copy of the Memorandum and Articles of Association, certificate of good standing if IBC, the Company Registration, a list of all Directors and Shareholders and Business License (As applicable)
Trust	A copy of the Trust Deed, a list of all the Trustees
Seychelles International Trade Zone (SITZ)	Certificate of good standing from FSA, ITZ License
Foundation	Local – Certificate of Association Overseas – Certificate of Good Standing from FSA
Association	A copy of the Registration of Association
Companies Special License (CSL)	Certificate of good standing from FSA Memorandum of Articles & Association
Government/Parastatal	Certificate of Registration
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