



## BUSINESS REGISTRATION FORM FOR INDIVIDUALS 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)

Individuals are only allowed to have one TIN. All business activities must be consolidated to this.

**This Registration Form is only applicable to Individuals who rent residential property/properties but don't have any other business administered under the business Tax Act.**

### 1. Personal Details\*

Surname \*  Given Names \* Title \* Mr  Mrs  Miss  Dr  Prof Gender \* Male  Female Date of Birth \*  
(DD/MM/YYYY)

Office No.

Country Code

Email Address

Mobile No.

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

WhatsApp No.

Nationality \*

NIN

Issue Date  
(DD/MM/YYYY)

Passport Nr.

Expiry Date  
(DD/MM/YYYY)

*Either NIN or Passport Nr must be filled. Issue and Expiry dates are mandatory if Passport Nr is entered.*

### 2. Personal Address\*

Location and address of taxpayer

Street Name

Building Name /  
Apartment No

Sub District

District \*

Island \*

### 3. Postal Address (If different from above)

Street Name

Building Name /  
Apartment No.

Sub District

District \*

City / Town \*

Country \*

P.O. Box \*

Zip Code

#### 4. Bank Details

Bank Country*	<input type="text"/>	Name of Bank *	<input type="text"/>	
Branch Name *	<input type="text"/>	Branch Code	<input type="text"/>	
Account No. *	<input type="text"/>	Name of Account Holder *	<input type="text"/>	
	SWIFT	<input type="text"/>	IBAN	<input type="text"/>

#### 5. Tax Agent (if applicable)

Tax Identification Number (Tax Agent)	<input type="text"/>	Name of Tax Agent	<input type="text"/>	STA No. (If Tax Agent)	<input type="text"/>
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#### 6. Authorized Representative (if applicable)

Title *	Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Dr <input type="radio"/> Prof <input type="radio"/>	Gender *	Male <input type="radio"/> Female <input type="radio"/>
Surname *	<input type="text"/>	Given Names*	<input type="text"/>
National Identity Number (NIN) *	<input type="text"/>	Email Address	<input type="text"/>
Contact Number	<input type="text"/>	<i>Either email, contact no must be filled.</i>	
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"/>	Appointment Date * (DD/MM/YYYY)	<input type="text"/>

#### 7. Tax Obligations (Answer all questions)

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 an individual (Seychellois and non-Seychellois) residential property owner generating income from rent of building or part of it? If Yes, provide details of each property rented in Annex 1.	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, provide details of each property rented in Annex 2.	Yes <input type="radio"/> No <input type="radio"/>	Commencement Date (DD/MM/YYYY) <input type="text"/>

#### 8. 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

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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"/>		

## 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\*

Property Description:

Property Registration No\*

Property Registration  
Date\*

Percentage Ownership:

Percentage Ownership  
Start Date:

First time Owner?

Property Valuation  
Currency:

Property Value:

Property Valuation Date:

Property Valuation Start  
Date:

Street Name

Building Name /  
Apartment No

Sub District

District \*

Island \*

**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:**

**3<sup>rd</sup> 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](mailto:registry@src.gov.sc)**