



BUSINESS REGISTRATION FORM FOR PARTNERSHIPS 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)

Partnership Businesses are only allowed to have one TIN. All business activities must be consolidated to this. This form is used for partnerships with renting residential property/ properties with no other source of taxable income.

1. Business Details

Partnership Registered Name*	<input type="text"/>	Other Name (if different)	<input type="text"/>
Registration Date* (DD/MM/YYYY)	<input type="text"/>	Registration No.(BRN)	<input type="text"/>
Commencement Date* (DD/MM/YYYY)	<input type="text"/>	Pension Fund No.	<input type="text"/>

Office No.	<input type="text"/>	<input type="text"/>	Country Code	<input type="text"/>	Mobile No.	<input type="text"/>	<input type="text"/>	Country Code	<input type="text"/>
Email Address	<input type="text"/>				Fax No.	<input type="text"/>	<input type="text"/>		
Website	<input type="text"/>				WhatsApp No.	<input type="text"/>	<input type="text"/>		

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

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

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"/>		

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. Details of Resident Partner Managing the business

TIN (if a registered taxpayer)	<input type="text"/>	Surname*	<input type="text"/>	Given Names*	<input type="text"/>
NIN/Passport No.*	<input type="text"/>	Expiry Date*	<input type="text"/>	Date of Appointment*	<input type="text"/>
Office No.	<input type="text"/>	Mobile No.*	<input type="text"/>		
Email Address*	<input type="text"/>	WhatsApp No.	<input type="text"/>		
Gender*	Male <input type="radio"/> Female <input type="radio"/>	% Share*	<input type="text"/>		

Address (of Resident Partner)

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"/>		

5. Details of other Partners

TIN (if a registered Taxpayer)	Full Name*	Gender* (M/F)	NIN / Passport No.*	Mobile No*	Email*	% Share*
<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"/>	<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"/>

6. 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"/>

7. Tax Agent (If Applicable)

Tax Identification Number	<input type="text"/>	Name of Tax Agent	<input type="text"/>	STA No.	<input type="text"/>
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8. 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 *	<input type="text"/>	Contact Number *	<input type="text"/>
		Email Address *	<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"/>	Appointment Date * (DD/MM/YYYY)	<input type="text"/>

9. 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 <input type="text"/> <small>(DD/MM/YYYY)</small>
2. Are you a partnership residential property owner generating income from rent of building or part of it? If Yes, fill Annex 1	Yes <input type="radio"/> No <input type="radio"/>	Commencement Date <input type="text"/> <small>(DD/MM/YYYY)</small>

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 *

13. 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

For Office use Only

Date Received Date Captured Captured By
(DD/MM/YYYY) (DD/MM/YYYY)

Date Approved Approved By
(DD/MM/YYYY)

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