



SEYCHELLES REVENUE COMMISSION
(DOMESTIC TAX DIVISION)

VAT REGISTRATION FORM
(VAT Act, 2010)

BUSINESS NAME:

TAX IDENTIFICATION NUMBER (TIN):

BUSINESS ADDRESS:

TELEPHONE NUMBER:

EMAIL:

Please answer the following questions by ticking in the appropriate box.

1. Does your business make taxable supplies?

YES NO

2. Confirm if your annual sales turnover is equal to or exceeds the VAT threshold of SR 2 million?YES

NO

3. Confirm if you expect the annual sales turnover of your business to exceed the VAT threshold of SR 2 million in a year?

YES NO

4. If your turnover is below the threshold of SR2 million, do you wish to opt for voluntary registration for VAT?

YES NO

It is your obligation as a taxpayer to provide information that is requested by the Seychelles Revenue Commission. If you have made any error when completing this form, visit us on the 3rd Floor Maison Collet, Victoria or call us on telephone 4293741/2/3, or e-mail us on Advisory.center@src.gov.sc for another copy or download a copy of the form from our website (www.src.gov.sc).

I,, hereby declare that the above information on this form is true and correct.

Sign: Date: