

**SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT**  
**VAT APPLICATION FOR REGISTRATION**



**VAT-001**

**SECTION 1 - APPLICANT**

<input type="checkbox"/> SOLE TRADER	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> OTHER (SPECIFY) <input type="text"/>	
<input type="checkbox"/> COMPANY	<input type="checkbox"/> JOINT VENTURE		
TAXPAYER NO. (TIN):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SOCIAL SECURITY NO.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
MIDDLE NAMES:	<input type="text"/>		
COMPANY NAME:	<input type="text"/>		
		COMPANY SOCIAL SECURITY NO.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TRADE NAME:	<input type="text"/>		
BUSINESS ADDRESS:	<input type="text"/>		
CITY / TOWN / VILLAGE:	<input type="text"/>	PARISH:	<input type="text"/>
MAILING ADDRESS:	<input type="text"/>		
CITY / TOWN / VILLAGE:	<input type="text"/>	PARISH:	<input type="text"/>
COUNTRY:	<input type="text"/>	CODE:	<input type="text"/>
TELEPHONE:	<input type="text"/>	WORK :	<input type="text"/>
		MOBILE :	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>		
REPRESENTATIVE:	<input type="text"/>		
POSITION:	<input type="text"/>		

Additional individuals details of directors, partners, joint venture members, members of a company are to be completed on page 2 of the application.

**SECTION 2 - BUSINESS ACTIVITY DETAILS**

PRIMARY BUSINESS ACTIVITY:

ESTIMATED GROSS SALES:

SECONDARY BUSINESS ACTIVITY:

ESTIMATED GROSS SALES:

START DATE OF TAXABLE ACTIVITY: DAY / MONTH / YEAR

TOTAL VALUE OF TAXABLE SUPPLIES: DAY / MONTH / YEAR

### SECTION 3 - BUSINESS BANK DETAILS

#### LOCAL BANK

BANK NAME:

ADDRESS:

PHONE:  FAX:

E-MAIL ADDRESS:

ACCOUNT NUMBER:  ACCOUNT NUMBER:

#### FOREIGN BANK

BANK NAME:

ADDRESS:

PHONE:  FAX:

E-MAIL ADDRESS:

ACCOUNT NUMBER:  ACCOUNT NUMBER:

### SECTION 4 - REGISTRATION DETAILS FOR OWNERS

Please check or complete the appropriate box:

	YES	NO
(01) Are you registered for other taxes	<input type="checkbox"/>	<input type="checkbox"/>
(02) Do you expect taxable supplies for services for the next 12 months to exceed \$96,000.00	<input type="checkbox"/>	<input type="checkbox"/>
(03) Do you expect taxable supplies for goods for the next 12 months to exceed \$150,000.00	<input type="checkbox"/>	<input type="checkbox"/>
(04) Is your turnover below the registration threshold but you still wish to be registered		
(041) Services	<input type="checkbox"/>	<input type="checkbox"/>
(042) Goods	<input type="checkbox"/>	<input type="checkbox"/>
(05) Do you provide accommodation in a hotel, inn, guest house, condominium or other similar establishment	<input type="checkbox"/>	<input type="checkbox"/>
(06) Do you operate a restaurant or other similar establishment	<input type="checkbox"/>	<input type="checkbox"/>
(07) Do you provide Tour Services	<input type="checkbox"/>	<input type="checkbox"/>
(08) Do you carry on taxable activities at more than one location (If yes complete form VAT 001B)	<input type="checkbox"/>	<input type="checkbox"/>
(09) Are your accounting records computerized	<input type="checkbox"/>	<input type="checkbox"/>
(091) If "YES" please specify the software.	(091)	<input type="text"/>
(10) Are you a major exporter of goods or services?	<input type="checkbox"/>	<input type="checkbox"/>
(11) Are you a major importer of goods or services?	<input type="checkbox"/>	<input type="checkbox"/>
(12) Zero rated supplies %	(12)	<input type="text"/>
(13) Exempt supplies %	(13)	<input type="text"/>
(14) Exports %	(14)	<input type="text"/>

## SECTION 5 - DECLARATION

I declare that the information given on this form is to the best of my knowledge and belief true and correct and that I have the authority to disclose the information provided. I understand that the Saint Christopher and Nevis Inland Revenue Department reserves the right to review and verify the information provided. Please be aware that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to imprisonment for a term of seven (7) years or to a fine of thirty-thousand (\$ 30,000.00) dollars.

FULL NAME:

TITLE:

SIGNATURE

DATE:

DAY

/ MONTH

/ YEAR

## SECTION 6 - INLAND REVENUE USE ONLY

NEW TAXPAYER:

YES

NO

APPLICATION ACCEPTED:

YES

NO

VAT NUMBER:

NUMBER OF CERTIFICATES:

APPLICATION RECEIVED:

DAY

/ MONTH

/ YEAR

CERTIFICATE NUMBER:

EFFECTIVE REGISTRATION:

DAY

/ MONTH

/ YEAR

CERTIFICATE NUMBER:

ADVISORY VISIT:

DAY

/ MONTH

/ YEAR

CERTIFICATE NUMBER:

DOCUMENT NUMBER:

PRIMARY ISIC CODE:

SECONDARY ISIC CODE:

PROCESSED BY:

DAY

/ MONTH

/ YEAR

SIGNATURE

VERIFIED BY:

DAY

/ MONTH

/ YEAR

SIGNATURE

APPROVED BY:

DAY

/ MONTH

/ YEAR

SIGNATURE