



GOVERNMENT OF BERMUDA
Ministry of Finance

Office of the Tax Commissioner

FINANCIAL SERVICES
APPLICATION TO REGISTER FOR TAX

Application is hereby made for registration under Section 6 of the Financial Services Tax Act 2017:

Please select the Financial Services Tax in which you are registering as:

- Bank
 Domestic Insurer
 Money Service Business

1. Registered name of applicant: _____
2. Registered address: _____

3. Telephone numbers: (h) _____ (w) _____ (c) _____
4. Business name of applicant: _____
5. Business physical address: _____

6. Mailing address (if different from #5): _____

7. Email: _____
8. Form of business structure: _____
i.e. Limited Company, Limited Liability Company, Partnership, Sole Proprietorship, etc.
9. Date of commencement of providing Financial Services: _____
10. Print Name and position of person making application: _____
11. Is the business registered for Payroll Tax? Yes - Payroll Tax # _____
 No – (If no please explain) _____

I hereby declare the foregoing to be true to the best of my knowledge:

Print Name 1: _____ Print Name 2: _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____