

Turks & Caicos Islands
Ministry of Finance and Economic Development/Revenue Control Unit
F18 Financial Services Sales Tax Registration Form

Part 1 Identification Information

New Modified Cancel

Business Name: _____

Banking License Number: _____ Company Number: _____

Customer Number (If known): _____

Business Address:
No. & Street Name: _____

District: _____ Island: _____

Country: _____ PO Box: _____

Telephone Number (s): _____

Fax Number: _____

Business E-Mail Address: _____

Mailing Address for the business (if different from Business Address):

No. & Street Name: _____

District: _____ Island: _____

Country: _____ PO Box: _____

Part 2
Representative's Information

Representative's Position: _____

Representative's First Name: _____

Representative's Last Name: _____

Part 2 Representative's Information (continued)

National Health Insurance No: _____ Nationality: _____

National Insurance No: _____ Driver's Licence No: _____

Passport No: _____ Country of Issue: _____

Work Phone No: _____ Ext: _____ Work Fax No: _____

Home Phone No: _____

E-mail: _____

Declaration

I hereby declare that the information provided on this registration form is true, accurate and complete. I also declare that I have the authority to make this disclosure of the information provided:

First Name (Print): _____ Last Name (Print): _____

Title (Print): _____ Signature: _____

Date: ____/____/____
dd/mm/yy

It is a serious offense to make a false declaration

For Revenue Control Use Only:

Received by (Registration Officer):

Name (Print): _____ Signature: _____

Date: ____/____/____
dd/mm/yy

Verified and captured by (Registration Officer):

Name (capital): _____ Signature: _____

Date: ____/____/____
dd/mm/yy