



GOVERNMENT OF BERMUDA

Ministry of Finance

**Office of the Tax Commissioner**

**CORPORATE SERVICES**  
**APPLICATION TO REGISTER FOR TAX**

Application is hereby made for registration under Section 6 of the Corporate Services Tax Act 1995:

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, Partnership, Sole Proprietorship, etc.
9. Date of commencement of providing Corporate 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:

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_