

TAX AND CUSTOMS AGENT BOARD

Kingsgate House, Room 18, Victoria, Republic of Seychelles
 Telephone: 325300 Fax: 325301



**APPLICATION FOR REGISTRATION AS A TAX AGENT
 (INDIVIDUAL, PARTNERSHIP OR COMPANY)**

In accordance with Part XIII of the Seychelles Revenue Administration Act (2009)

Name of Business :	.....
Address of Business:	.....
Address for Service of Notices	.....
Telephone Number:	Tel..... Fax.....
Email Address	.....

DETAILS OF APPLICANT (or Nominee of Applicant if a Partnership or Company)

Note: a separate application is required for each nominee

	SURNAME	CHRISTIAN NAMES	DATE OF BIRTH
NAME IN FULL
National Identity Number		
Telephone Number:- Office: Mobile		
Academic Qualifications :		

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The Chairman of Tax and Customs Agents Board
Kingsgate House, Room 18
Victoria
Seychelles

I/We,..... being an Individual/Partnership/Company hereby apply for registration as a Tax Agent under Section 83 of Seychelles Revenue Administration Act (2009) and enclose the prescribed fee of R. .

In support of this application I/We the person(s) making this application declare that the particulars shown therein are true and correct in every particular.

Dated this.....day of20.....

.....
Signature of
Witness

.....
Signature of at least two members of the
Partnership or Signature of the Public
Officer, if a Company

Name and Address of Witness
.....

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**APPLICATION FOR REGISTRATION AS A CUSTOMS AGENT
 (INDIVIDUAL, PARTNERSHIP OR COMPANY)**

In accordance with Part XIII of the Seychelles Revenue Administration Act (2009)

Name of Business :	.....
Address of Business:	.....
Address for Service of Notices	.....
Telephone Number:	Tel: Fax:
Email Address	

DETAILS OF APPLICANT (or nominee of applicant if a Partnership or Company) Note: a separate application is required for each nominee

	SURNAME	CHRISTIAN NAMES	DATE OF BIRTH
NAME IN FULL
National Identity Number		
Telephone Number: Office: Mobile		
Academic Qualifications :		
Summary of practical and/or commercial		

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The Chairman of Tax and Customs Agents Board
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(2009) and enclose the prescribed fee of R.).

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particulars shown therein are true and correct in every particular.

Dated this.....day of20.....

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Signature of
Witness

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Signature of at least two members of the
Partnership or Signature of the Public
Officer, if a Company

Name and Address of Witness
.....

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**REQUEST FOR UPDATE OF BUSINESS DETAILS OF REGISTERED
 TAX AGENTS
 (INDIVIDUAL, PARTNERSHIP OR COMPANY)**

Name of Business :	.....
Address of Business:	.....
Address for Service of Notices	.....
Telephone Number:	Tel. Fax.
Email Address	.....

DETAILS OF REGISTERED TAX AGENT (or nominee of Registered Tax Agent if a Partnership or Company) Note: a separate form is requested to be completed for each nominee

	SURNAME	CHRISTIAN NAMES	DATE OF BIRTH
NAME IN FULL
National Identity Number		
Telephone Number:		
Office:		
Mobile:		

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Academic Qualifications:
Summary of practical and/or commercial experience in Taxation matters during the last ten years. Name of Referees 1. 2.

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**REQUEST FOR UPDATE OF BUSINESS DETAILS OF REGISTERED CUSTOMS AGENTS
 (INDIVIDUAL, PARTNERSHIP OR COMPANY)**

Name of Business :	.....
Address of Business:	.....
Address for Service of Notices:	.....
Telephone Number:	Tel..... Fax.....
Email Address	.....

DETAILS OF REGISTERED CUSTOMS AGENT (or nominee of Registered Customs Agent if a Partnership or Company). Note: a separate form is requested to be completed for each nominee.

	SURNAME	CHRISTIAN NAMES	DATE OF BIRTH
NAME IN FULL
National Identity Number		
Telephone Number:		
Office:		
Mobile:		
Academic Qualifications:		
Summary of		

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practical and/or commercial experience in Customs matters during the last ten years

	Name of Referees 1 2

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