



**SEYCHELLES REVENUE COMMISSION  
APPLICATION FOR ADDITIONAL BUSINESS ACTIVITY  
REVENUE ADMINISTRATION ACT, 2009**

<b>TAXPAYER DETAILS:</b>			
1	INDIVIDUALS	Title: <u>Mr / Mrs / Miss / Ms / Dr</u>	
	Surname:		
	Given Names:		
	National Identity Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Date of Birth		
<b>COMPANIES, PARTNERSHIPS AND TRUSTS</b>			
3	Business Structure	Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/>	
4	Business Registration Number for Company and Partnership		
<b>BUSINESS DETAILS:</b>			
5	Business Registered Name:		
6	Business Trading Name:		
7	Tax Identification Number Issued	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8	Details for: • Public Officer, • Trustee, or • Senior Partner as applicable.	Title	<u>Mr / Mrs / Miss / Ms / Dr</u>
		Surname:	
		Given Names:	
		NIN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Position Held:	
9	Type of Additional Business Activity:		
10	Date of Commencement of New Business Activity	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)	
<b>REGISTRATION FOR TAXATION E-SERVICE</b>			
11	(a) Register for e-service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	(b) Name of Authorised Officer		
12	Business Address (Physical Location):		
13	Correspondence Address (required):		
14	Telephone Number (required):	(Work) (Mobile) (Home)	
15	Fax Number (optional):		
16	Email Address (required for e-service):		

\* Cross out whatever is not applicable.  
\*\* See overleaf for additional information

I hereby complete the form to add a new business activity under the Tax Identification Number issued under the *Revenue Administration Act, 2009*. I certify that the particulars provided in this application are true and correct in every detail.

SIGNED

.....

DATE:

.....

INDIVIDUAL

PUBLIC OFFICER

TRUSTEE

SENIOR PARTNER

Should you require any assistance in completing this application please phone 4293737 or call at the Seychelles Revenue Commission, Advisory Centre in Room 2, First Floor, Ocean gate House.

For businesses on Praslin, information can be obtained from the SRC's Office at Seychelles Licensing Authority office at Baie Ste Anne or phone 2814393 and Seychelles Pension Fund Building, Room number 23 at Grand Anse or phone 4233666.

For businesses on La Digue, information can be obtained from SRC's Office at Seychelles Pension Fund Building or phone 4235100.

#### **Regulation 4 – Revenue Administration (Business Registration) Regulations 2010**

4. Any new business commencing operations in Seychelles on or after 1 January 2010 shall, within 14 days after the date on which the business commences, apply for registration in the approved form providing the following particulars –
- (a) the name of the business;
  - (b) the date the business commenced;
  - (c) the name and address of the owner of the business and where the owner is a partnership, the name and address of each of the partner in the partnership;
  - (d) the nature of the activities of the business;
  - (e) an estimate of the net income the business is expected to derive in the first tax year of its operation.

\*\* Please provide the following documents if adjusting the registration for a:

- |                    |  |
|--------------------|--|
| <b>Company</b>     | a copy of the Memorandum and Articles of Association, the Company Registration, a list of all Directors and Shareholders and Business Licence. |
| <b>Trust</b>       | a copy of the Trust Deed, a list of all Trustees.  |
| <b>Partnership</b> | a copy of the Partnership Registration, a list of all Partners and Business Licence.   |
| <b>Individual</b>  | a copy of the Business Licence (if applicable).  |