

SEYCHELLES REVENUE COMMISSION  
(DOMESTIC TAX DIVISION)



VAT REGISTRATION FORM  
(VAT Act, 2010)

BUSINESS NAME: .....

TAX IDENTIFICATION NUMBER (TIN): .....

BUSINESS ADDRESS: .....

TELEPHONE NUMBER: .....

EMAIL: .....

*Please answer the following questions by ticking in the appropriate box.*

1. Does your business make taxable supplies?

YES  NO

2. Confirm if your 2018 or 2019 annual sales turnover is equal to or exceeds the VAT threshold of SR 2 million?

YES  NO

3. Confirm if you expect the annual sales turnover of your business for 2020 to exceed the VAT threshold of SR 2 million?

YES  NO

4. If your turnover is below the threshold of SR2 million, do you wish to opt for voluntary registration for VAT?

YES  NO

*It is your obligation as a taxpayer to provide information that is requested by the Seychelles Revenue Commission. If you have made any error when completing this form, visit us on the 3<sup>rd</sup> Floor Maison Collet, Victoria or call us on telephone 4293741/2/3, or e-mail us on [Advisory.center@src.gov.sc](mailto:Advisory.center@src.gov.sc) for another copy or download a copy of the form from our website ([www.src.gov.sc](http://www.src.gov.sc)).*

I, ....., hereby declare that the above information on this form is true and correct.

Sign: ..... Date: .....