

**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)

|                                       |                      |
|---------------------------------------|----------------------|
| <b>Name of Business :</b>             | .....                |
| <b>Address of Business:</b>           | .....                |
| <b>Address for Service of Notices</b> | .....                |
| <b>Telephone Number:</b>              | Tel.....<br>Fax..... |
| <b>Email Address</b>                  | .....                |

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

Note: a separate application is required for each nominee

|  | <b>SURNAME</b>          | <b>CHRISTIAN NAMES</b> | <b>DATE OF BIRTH</b> |
|--|-------------------------|------------------------|----------------------|
| <b>NAME IN FULL</b>                              | .....                   | .....                  | .....                |
| <b>National Identity Number</b>                  | .....                   |                        |                      |
| <b>Telephone Number:-<br/>Office:<br/>Mobile</b> | .....<br>.....          |                        |                      |
| <b>Academic Qualifications :</b>                 | .....<br>.....<br>..... |                        |                      |

“Together we are ready for the Future”

|   |   |
|---|---|
| <p><b>Summary of practical and/or commercial experience in Taxation matters during the last ten years:</b></p> <p><b>Note: Please enclose originals of two references of current or recent past employers addressed to the Chairman Tax and Customs Agents Board. If self employed, enclose two references from persons able to attest to your current or recent business experience.</b></p> | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>Name of Referees</b></p> <p>1.....</p> <p>2.....</p> |
| <p><b>Has any previous registration as a Tax Agent been cancelled or application to be registered as a Tax Agent been refused?</b></p> <p><b>If so, give details</b></p>  |   |

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 of .....20.....

.....  
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 .....  
.....

**TAX AND CUSTOMS AGENT BOARD**

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



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

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

|                                       |   |
|---------------------------------------|---|
| <b>Name of Business :</b>             | .....                                       |
| <b>Address of Business:</b>           | .....                                       |
| <b>Address for Service of Notices</b> | .....                                       |
| <b>Telephone Number:</b>              | <b>Tel:</b> .....<br>.<br><b>Fax:</b> ..... |
| <b>Email Address</b>                  |   |

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

|   | <b>SURNAME</b>          | <b>CHRISTIAN NAMES</b> | <b>DATE OF BIRTH</b> |
|---|-------------------------|------------------------|----------------------|
| <b>NAME IN FULL</b>   | .....                   | .....                  | .....                |
| <b>National Identity Number</b>                             | .....                   |                        |                      |
| <b>Telephone Number:</b><br><b>Office:</b><br><b>Mobile</b> | .....<br>.....<br>..... |                        |                      |
| <b>Academic Qualifications :</b>                            | .....<br>.....<br>..... |                        |                      |
| <b>Summary of practical and/or commercial</b>               | .....                   |                        |                      |

“Together we are ready for the Future”

|  |   |
|--|---|
| <p><b>experience in Customs matters during the last ten years.</b></p> <p><b>Note: Please enclose originals of two references of current or recent past employers addressed to the Chairman Tax and Customs Agents Board. If self employed, enclose two references from persons able to attest to your current or recent business experience</b></p> | <p>.....<br/>.....<br/>.....<br/>.....<br/>.....<br/>.....<br/>.....<br/>.....<br/>.....<br/>.....<br/>.....<br/>.....<br/>.....<br/>.....</p> <p><b>Name of Referees</b><br/><b>1.....</b><br/><b>2.....</b></p> |
| <p><b>Has any previous registration as a Customs Agent been cancelled or application to be registered as a Customs Agent been refused?</b></p> <p><b>If so, give details</b></p>   |   |

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 of .....20.....

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

|                                       |  |
|---------------------------------------|--|
| <b>Name of Business :</b>             | .....                                  |
| <b>Address of Business:</b>           | .....                                  |
| <b>Address for Service of Notices</b> | .....                                  |
| <b>Telephone Number:</b>              | <b>Tel.</b> .....<br><b>Fax.</b> ..... |
| <b>Email Address</b>                  | .....                                  |

**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**

|                                 | <b>SURNAME</b> | <b>CHRISTIAN NAMES</b> | <b>DATE OF BIRTH</b> |
|---------------------------------|----------------|------------------------|----------------------|
| <b>NAME IN FULL</b>             | .....          | .....                  | .....                |
| <b>National Identity Number</b> | .....          |                        |                      |
| <b>Telephone Number:</b>        | .....          |                        |                      |
| <b>Office:</b>                  | .....          |                        |                      |
| <b>Mobile:</b>                  | .....          |                        |                      |

“Together we are ready for the Future”

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



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

|  |                      |
|--|----------------------|
| <b>Name of Business :</b>              | .....                |
| <b>Address of Business:</b>            | .....                |
| <b>Address for Service of Notices:</b> | .....                |
| <b>Telephone Number:</b>               | Tel.....<br>Fax..... |
| <b>Email Address</b>                   | .....                |

**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.**

|                                 | <b>SURNAME</b>          | <b>CHRISTIAN NAMES</b> | <b>DATE OF BIRTH</b> |
|---------------------------------|-------------------------|------------------------|----------------------|
| <b>NAME IN FULL</b>             | .....                   | .....                  | .....                |
| <b>National Identity Number</b> | .....                   |                        |                      |
| <b>Telephone Number:</b>        | .....                   |                        |                      |
| <b>Office:</b>                  | .....                   |                        |                      |
| <b>Mobile:</b>                  | .....                   |                        |                      |
| <b>Academic Qualifications:</b> | .....<br>.....<br>..... |                        |                      |
| <b>Summary of</b>               | .....                   |                        |                      |

“Together we are ready for the Future”

|  |                         |
|--|-------------------------|
| <b>practical and/or<br/>commercial<br/>experience in<br/>Customs matters<br/>during the last ten<br/>years</b> | .....                   |
|  | .....                   |
|  | .....                   |
|  | .....                   |
|  | .....                   |
|  | .....                   |
|  | .....                   |
|  | <b>Name of Referees</b> |
|  | <b>1</b> .....          |
|  | <b>2</b> .....          |

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