



**THE GOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS  
VALUE ADDED TAX DEPARTMENT**

**DECLARATION OF PERSON TO BE THE TAXPAYER'S REPRESENTATIVE**

*(This document is to be completed and signed by the Taxpayer. This form must be submitted in electronic format)*

This is to authorize and declare the below identified as the representative of

trading as

The representative will be responsible for VAT transactions and activities on behalf of the business:

Please copy me on all written communications.

The Representative's details are as follows:

Representative is an employee of taxpayer  Yes  No

The Representative is a/an  Individual  Non-Individual

Business Name (non-individual) or Full-name (individual)

Trade Name (non-individual)

Personal NIB (if individual)

Business NIB

Relation to Taxable Person

- Financial Controller  
  Accountant  
  Designated Officer of the Company  
  Management  
 Partner  
  Trustee  
  Person Controlling Affairs of Taxpayer  
  Liquidator

Address Line 1

Address Line 2

P.O Box No.

Settlement/Sub-division/City

Island/State and Zip code

Country

E-Mail

I hereby declare that the information provided is true, correct and complete to the best of my knowledge and belief, and that I have the authority to make this disclosure of information and declaration.

Full Name

Signature

Date (dd/mm/yyyy)

**For VAT Department Use ONLY**

Date Application Received (dd/mm/yyyy)

Received by (Full Name)

Reference Number

Representative Tax Identification Number

Effective Date of Registration (dd/mm/yyyy)

Approved:

Yes  No

Comment

Processed by (Full Name)

Date Processed

Signature of Comptroller

Date