



# MINISTRY OF FINANCE

## EXCISE STAMP CONTROL ACT

### APPLICATION FOR REGISTRATION

NOTE: Completion of this form will provide the common information needed and/or required by participating government agencies. It is important to respond to all applicable items. Any omission could cause a delay in processing your application. This form is to be submitted to:

GRANTOR

**Ministry of Finance**  
**Cecil V. Wallace-Whitfield Centre**  
**West Bay Street**  
**P.O. Box N-3017**  
**Nassau, The Bahamas**  
**Email: [Tobaccoexcise@bahamas.gov.bs](mailto:Tobaccoexcise@bahamas.gov.bs)**

Excise Stamp Control Registration No:

Is this an Original Application or an Application for Renewal?  Original  Renewal

APPLICANT FOR EXCISE REGISTRATION

Name and Address of the application or duly authorized legal representative of legal entity making this application

Name of Company or Individual

#### REGISTRANT ADDRESS

P.O. Box:	<input type="text"/>	City:	<input type="text"/>	Island:	<input type="text"/>	Country:	<input type="text"/>
Street Name:	<input type="text"/>	Unit #:	<input type="text"/>				

Shipping Locations  E-mail:

1. Company Name:

Contact Person First Name:  Last Name:

E-mail:  Phone:

1) P.O Box:  City:  State:  Country:  Zip:

Street Name:  Unit #:

2. Company Name:

Contact Person First Name:  Last Name:

E-mail:  Phone:

2) P.O Box:  City:  State:  Country:  Zip:

Street Name:  Unit #:

3. Company Name: \_\_\_\_\_

Contact Person First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail:  Phone:

3) P.O Box:  City:  State:  Country:  Zip:

Street Name:  Unit #:

4. Company Name: \_\_\_\_\_

Contact Person First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail:  Phone:

4) P.O Box:  City:  State:  Country:  Zip:

Street Name:  Unit #:

Operating Name/Trading Name of Business (if different from the name reported above):

Business Licence Number:  National Insurance Board No:

Business Activity Type:  Importer  Retail Sales  Tobacco Manufacturer

Years in operation:  Est. Amount Tobacco Revenue:

Stamp Application Comments:

TYPE OF APPLICATION (*legal structure of Applicant*)



**APPLICANT'S ACKNOWLEDGEMENT AND CONSENT**

I, the applicant (or duly authorized officer of the company), certify that all information provided in this form is true and accurate to the best of my knowledge and belief; and I consent to the audit by designated representatives of the Minister of Finance of my / our business records as provided in the Act Regulations.

Knowingly making any false statement or misrepresentation on this form may lead to prosecution.

Name of the applicant (solo proprietor) or duly authorized representative of the company or partnership (Print)	Signature of applicant or duly authorized representative	Date		
		Year	Month	Day

E-mail Address:	Telephone no.	Fax no.

**(FOR GOVERNMENT USE ONLY)**

**EXCISE REGISTRATION**

19	Data of approval of the Excise Registration		
	Year	Month	Day