

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									
West Bay Street P.O. Box N-3017 Nassau, The Bal	-Whitfield Centre	g <u>ov.b</u> s							
Excise Stamp Cont	trol Registration No:								
Is this an Original	Application or an A	pplication f	or Rene	wal?	 ⊜ Oriç	ginal	○ Renewa	I	
		APPLIC	CANT F	OR EX	CISE R	EGISTR	ATION		
Name and Addre	ss of the application	or duly aut	thorized	legal rep	resentativ	e of legal	entity makin	g this applica	ation
Name of Company	y or Individual								
REGISTRANT A	DDRESS				T			1	
P.O. Box:		City:			Island:			Country:	
Street Name:		Unit #:							
Shipping Location	ns		E-ma	il :					
1. Company Nam	e:								
Contact Person Fi	rst Name:					Last Nam	e:		
E-mail:		Phor	ne:						
1) P.O Box:	City:			State:			Country:		Zip:
Street Name: Unit #:									
2. Company Nam	e: 								
Contact Person First Name: Last Name:									
E-mail:		Phor	ne:						
2) P.O Box: City: Country: Zip:									
Street Name:			Unit #:						

3. Company Name:						
Contact Person First Name:	Last Nam	e:				
E-mail: Phone:						
3) P.O Box: City:	State:	Country: Zip:				
Street Name: Unit #	:					
4. Company Name:						
Contact Person First Name:	Last Nam	e:				
E-mail: Phone:						
4) P.O Box: City:	State:	Country: Zip:				
Street Name: Unit #	:					
Operating Name/Trading Name of Business (if different	t from the name reported abo	ve):				
Business Licence Number:	National Insurance Board	No:				
Business Activity Type:						
Years in operation: Est. Amount Tobac	cco Revenue:					
Stamp Application Comments:						
TYPE OF APPLI	CATION (legal structure of Ap	pplicant)				

	First Name	Middle Initials	Last Name
	Citizenship		Passport No.
] Partne	ership		
	Form of Partnership		
	☐ General	☐ Limited Partnership	
	Name of Partnership		Name of Duly Authorized Representative
	Jurisdiction of Registration	1	
	PARTNERS NAME		
	First Name	Middle Initial	Last Name
	Citizenship		Passport No.
☐ Con	npany (Name of Shareholders-	Use blank sheet to complete if n	ecessary)
	Company Registration No.		Name of Duly Authorized Representative

Note: A certificate of Good Standing from the Registrar of Companies must accompany this application form CHANGE OF STAMP REQUIRED (*if applicable*)

l .	PRODUCT FOR WHICH IPS REQUIRED	Cost, Insurance and Freight Value (CIF Value)	ESTIMATED AMOUNT OF STAMPS*				Estimated	For Customs Use Only	
Brand Name	SKU or UPC Code		Dry Stamp	Self Adhesive Stamp	Start Date	End Date	H.S. Code/Tariff No.	ESTIMATED TAX	

AP	PLICANT'S ACKNOWLEDGEMEN	TAND 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	Signature of applicant or duly authorized	Date
duly authorized representative of the	representative	Year Month Day
company or partnership (Print)		
E-mail Address:	Telephone no.	ax no.
(FOR GOVERNMENT USE ONLY)		
(
EXCISE REGISTRATION		
Data of approval of the Excise Registration		
19 Registration		
Year Month Day		