



GOVERNMENT OF BERMUDA  
Ministry of Finance

Office of the Tax Commissioner

**FINANCIAL SERVICES**  
**APPLICATION TO REGISTER FOR TAX**

Application is hereby made for registration under Section 6 of the Financial Services Tax Act 2017:

Please select the Financial Services Tax in which you are registering as:

- Bank  
 Domestic Insurer  
 Money Service Business

1. Registered name of applicant: \_\_\_\_\_
2. Registered address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_
4. Business name of applicant: \_\_\_\_\_
5. Business physical address: \_\_\_\_\_  
\_\_\_\_\_
6. Mailing address (if different from #5): \_\_\_\_\_  
\_\_\_\_\_
7. Email: \_\_\_\_\_
8. Form of business structure: \_\_\_\_\_  
i.e. Limited Company, Limited Liability Company, Partnership, Sole Proprietorship, etc.
9. Date of commencement of providing Financial Services: \_\_\_\_\_
10. Print Name and position of person making application: \_\_\_\_\_
11. Is the business registered for Payroll Tax?  Yes - Payroll Tax # \_\_\_\_\_  
 No – (If no please explain) \_\_\_\_\_

I hereby declare the foregoing to be true to the best of my knowledge:

Print Name 1: \_\_\_\_\_ Print Name 2: \_\_\_\_\_

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_