



GOVERNMENT OF BERMUDA

Ministry of Finance

Office of the Tax Commissioner

APPLICATION FOR APPROVAL OF A TRAINING SCHEME

(FOR BERMUDIAN EMPLOYEES ONLY)

(For the purposes of Section 23 of the Payroll Tax Act 1995)

1. Registered Name of Employer: _____
2. Payroll Tax ID Number: _____
3. Business Address: _____
 _____ Tel. No.: _____
4. Nature of Business: _____
5. (i) Type of Training Scheme

A. Apprenticeship <input type="checkbox"/>	B. Further Education <input type="checkbox"/>
C. On the Job <input type="checkbox"/>	D. Other (Specify below) <input type="checkbox"/>

(ii) Please provide a detailed description of above scheme. This application applies to “BERMUDIAN” employees only. (Enclose copy of syllabus where appropriate.)

Description should cover at least the following points:

- a) Time allocated to training during working hours (hours per week).
- b) Time allocated to training after working hours (hours per week).
- c) Estimated cost of course to employer (please itemize).
- d) If no final examination, please give details of:
 - (i) the definition of conclusion of the training scheme
 - (ii) how and by whom the conclusion of training is defined
 - (iii) qualification of the assessor
- e) Names and occupations of persons initially to receive training under the scheme. (Further names to be submitted to the Tax Commissioner when commencing training, if scheme is approved.)
- f) Total length of time required to complete training (estimated).

I hereby apply for approval of the “Training Scheme” outlined above for Payroll Tax purposes within the provisions of Section 23 of the Payroll Tax Act 1995.

Print Name: _____

Signature: _____

Position in Firm (Title): _____

Name of Firm: _____

Contact Numbers: _____

Date: _____

Note: On completion, this form should be returned to the Tax Commissioner, P.O. Box HM 1374, Hamilton, Bermuda HM FX. Any subsequent changes to an approved training scheme must also be submitted for approval.