



Government of Anguilla - Inland Revenue Department

Form F3

Non-Individual Form

(Use this form to register or update the particulars of a non-individual person)



Section A – Purpose (*Select one*)

- Register a non individual – Complete all sections.
- Modify the particulars of existing non-individual – Complete section B and F, and fill in all changed information.
- Register for the Goods and Services Tax (Mandatory) – Complete all sections.
- Register for the Goods and Services Tax (Voluntary) – Complete all sections.
- TIN only

Section B – Owner Information

TIN (if registered)	Legal Name *	
Legal Form (Select one)		
<input type="radio"/> Company	<input type="radio"/> Central Government Body	<input type="radio"/> General Partnership
<input type="radio"/> Limited Liability Co.	<input type="radio"/> Foundation	<input type="radio"/> Limited Partnership
<input type="radio"/> Joint Venture	<input type="radio"/> Cooperative /Credit Union	<input type="radio"/> Religious Organization
<input type="radio"/> Statutory Body	<input type="radio"/> Non – Profit Company	<input type="radio"/> Other (please specify) _____
<input type="radio"/> Trust Company	<input type="radio"/> Strata Lot Corporation	
<input type="radio"/> Trust	<input type="radio"/> International Business Corp	
Charitable Status (applicable to Foundation, Non-profit Company, Association/Club/Trade Union, Religious Organization and Trusts)		
<input type="radio"/> Charitable (supporting documents required)		
<input type="radio"/> Non - Charitable		
<input type="radio"/> Trade name is the same as Legal Name	Trade Name	
Date of establishment (dd-mm-yyyy) *	Commercial Registry Number (if applicable)	

Section C – Headquarters

<input type="checkbox"/> Location name is the same as Trade Name (1)	Location Name *		
Business Activity Description *			
Address			
Country	Street	House Number	Address Addition
Region	Postal Code	City	
Postal address	P.O. Box		
Country *	Street *	House Number	Address Addition
Region	Postal Code	City	
Contact information			
Contact person name	Job title/function	Telephone number	Mobile number
Fax number	E-mail address *		Starting date (dd-mm-yyyy)

Section D – Locations - *Note: Attach additional sheet if more than 2 locations*

1	<input type="checkbox"/> Location name is the same as Trade Name (1)	Location name *		
	Business activity Description *			
	Address			
	Country *	Street *	House number	Address addition
	Region	Postal code	City	
	Contact information			
	Contact person name	Job title/function	Telephone number	Mobile number
	Fax number	E-mail address		Starting date (dd-mm-yyyy)
2	<input type="checkbox"/> Location name is the same as Trade Name (1)	Location name *		
	Business activity Description *			
	Address			
	Country *	Street *	House number	Address addition
	Region	Postal code	City	
	Contact information			
	Contact person name	Job title/function	Telephone number	Mobile number

	Fax number	E-mail address	Starting date (dd-mm-yyyy)
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Section E – Partners/Directors - Attach additional sheet if needed

1	TIN *	Taxpayer Type *	Role *	Identification number (2)
	First Name	Surname	Birth Name	Birth Date (dd-mm-yyyy)
	Legal name	Trade name	Commercial Registry Number	Date of Establishment (dd-mm-yyyy)
2	TIN *	Taxpayer Type *	Role *	Identification number (2)
	First Name	Surname	Birth Name	Birth Date (dd-mm-yyyy)
	Legal name	Trade name	Commercial Registry Number	Date of Establishment (dd-mm-yyyy)
3	TIN *	Taxpayer Type *	Role *	Identification number (2)
	First Name	Surname	Birth Name	Birth Date (dd-mm-yyyy)
	Legal name	Trade name	Commercial Registry Number	Date of Establishment (dd-mm-yyyy)
4	TIN *	Taxpayer Type *	Role *	Identification number (2)
	First Name	Surname	Birth Name	Birth Date (dd-mm-yyyy)
	Legal name	Trade name	Commercial Registry Number	Date of Establishment (dd-mm-yyyy)
5	TIN *	Taxpayer Type *	Role *	Identification number (2)
	First Name	Surname	Birth Name	Birth Date (dd-mm-yyyy)
	Legal name	Trade name	Commercial Registry Number	Date of Establishment (dd-mm-yyyy)

Section F – Business Activity Details

Business Activity Details

1. Date taxable business activity commenced or expected to commence for GST: _____
2. Do you meet the GST registration annual threshold of EC\$300,000 for supply of goods or services (*except Short-term Accommodation Provider (182 days or less), Public Entertainment Promoter, State and Statutory Body or Auctioneer*)? Yes [] No []. Value of taxable supplies (zero and standard rated): _____.

Please tick as appropriate

3. Do you supply short-term accommodation services (for example in a hotel, guest house or similar facility)? Yes [] No []
4. Are you a promoter of public entertainment? Yes [] No []
5. Are you a government entity/statutory body? Yes [] No []
6. Are you an auctioneer? Yes [] No []
7. Are you a state or statutory body? Yes [] No []
8. Are you an exporter of goods? Yes [] No []
9. Do you make zero-rated supplies? Yes [] No []
10. Do you make exempt supplies? Yes [] No []
11. Please state percentage of sales to total supplies: Zero rated supplies: _____ and Exempt Supplies: _____
12. Are your accounting records computerised? Yes [] No []
13. If yes, please indicate the name of the computerised accounting system:

BP [],	QuickBooks [],
Customized (In-house Systems) [],	Revel [],
Helcim [],	Shopify [],
Inflow [],	Square POS [],
Lightspeed [],	TouchBistro [],
Paycafe [],	Vend [],
Other [] (please specify) _____	

14. Does your establishment have any employees? Yes [] No [] If yes, how many?
1 – 5 employees [] 21 – 50 employees []
6 – 20 employees [] > 50 employees []

Section G – Representative

Note: Only ONE (1) representative (either basic or general) and ONE (1) legal can be assigned per taxable person.

Representative name:		
Reason for Representation: <input type="checkbox"/> Request of business owner <input type="checkbox"/> Owner is a non-resident		
Type of Representation: <input type="checkbox"/> Basic <input type="checkbox"/> General		
Tax Representation: <input type="checkbox"/> USL <input type="checkbox"/> GST <input type="checkbox"/> Business Licence <input type="checkbox"/> Other (please specify): _____		
Contact number	Email address	Signature
Legal representative name:		
Reason for Representation: <input type="checkbox"/> Request of Business Owner <input type="checkbox"/> Owner is a non-resident		
Contact number	Email address	Signature

Section H – Certification

I hereby certify that the particulars provided in this application form are true and correct in every detail and that I shall be liable for any act done or omitted.		
Name*	Signature*	Date*

Official Use Only

Received By		
Name of Officer	Signature	Date
Captured By		
Name of Officer	Signature	Date
Verified By		
Name of Officer	Signature	Date