

TAXPAYERS SERVICES
VANUATU GOVERNMENT

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APPLICATION FOR VAT REGISTRATION - CT 201

Please read the booklet "VAT - Do You Need To Register?" before you complete this form.
Answer all the questions and make sure you sign the declaration. **Please print clearly**

TIN NUMBER ISSUED

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Office use only

- 1 Language** - What is your preferred language for statements etc that will be issued to you? Tick one box
- | | |
|--------------------------|---------|
| <input type="checkbox"/> | Bislama |
| <input type="checkbox"/> | English |
| <input type="checkbox"/> | French |
- 2 Name** - Print your full name or the name of the estate, trust, partnership, or the registered name of the company (Do not print trade name here).
- | |
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| |
- 3 Type of business**
Tick one box
- | | | | | | |
|--------------------------|--------------------------|--------------------------|---------|--------------------------|-------------|
| <input type="checkbox"/> | Individual (sole trader) | <input type="checkbox"/> | Company | <input type="checkbox"/> | Partnership |
| <input type="checkbox"/> | Estate/Trust | <input type="checkbox"/> | Club | <input type="checkbox"/> | Other |

- 4 Trade Name** - If the trading name is different from the name shown above, print it here.
Please attach a copy of your Certificate of Registration of Business Name.
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- 5 Business Location** - Provide the physical location from which the business will operate.
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- 6 Mailing Address** - Print the address you want statements and other mail to go to (if different from above)
- | |
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| |

- 7 Contact Person**
- | |
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- 8 Telephone numbers:**
- | | | | | | | | | | |
|---------|--------------------------------|--------------------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Daytime | <input type="text" value="6"/> | <input type="text" value="7"/> | <input type="text" value="8"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mobile | <input type="text" value="6"/> | <input type="text" value="7"/> | <input type="text" value="8"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 9 Business Bank Account -**
- | | |
|---------------------|--|
| Name of Bank | |
| Bank account number | |

- 10 Email Address**
- | |
|--|
| |
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- 11 Nature of Business**
(i.e.. Retailer, Farmer etc)
- | |
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| |

12 **Commencement Date** of Taxable Activity

If you intend to have a taxable activity from a future specified date please submit a copy of your business projection plan showing your projected cashflow up to this specified date.

Day		Month		Year	

13 From **what date do you wish to register** for Value Added Tax?

Please submit a listing of all VAT related expenses and income from the date you wish to register to the date this application is submitted to the VAT Office, if you wish to backdate the date you wish to register. You will be registered with effect from such date as the Director determines.

Day		Month		Year	

14 Was your **total turnover** (taxable supplies) in the last 12 months more than VT 4 million?

Yes

15 Do you expect your turnover for the next 12 months to be more than VT 4 million? If no, then this application is for voluntary registration .

Yes

16 Tick to show how often you want to file VAT returns. (You **must** file monthly if your annual turnover exceeds VT8 Million).

One monthly	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>

17 Tick the box to show the VAT accounting basis you want to use. (See our booklet "Do you need to register")

Invoice (accruals) basis	<input type="checkbox"/>
Payments (cash) basis	<input type="checkbox"/>

18 Are you an exporter? Yes No

Are you an importer? Yes

19 Would you like an Officer from the VAT Office to contact you and explain more about VAT?

Yes

20 (a) If you are required to obtain a **Business Licence**, have you attached a copy to this form?

N/A Yes

(b) If you are required to obtain a **Vanuatu Investment Promotion Authority Approval Certificate**, have you attached a copy to this form?

N/A Yes

(c) If you are a limited liability company, have you attached a copy of your **Certificate of Incorporation** to this form?

N/A Yes

(d) If you are a non-citizen or non-resident, have you attached a copy of your **passport** and **passport photo** with this application?

N/A Yes

Please note that your Application for Registration will not be processed unless these documents are attached.

21 Where this application is for a non individual (eg a company or partnership etc) please print the Name, Title, and Address of each Shareholder, Director, Partner, Trustee, or Executive Office Holder in the space below.

Please attach a separate page if you require more space.

(Note: If any of the shareholders are a company, please provide full shareholder details for that company also.)

Name

Address

Position

Phone number

Name

Address

Position

Phone number

22 Declaration

I declare that the information given on this form is true and correct.

Signature

Date