



GOVERNMENT OF BERMUDA
Ministry of Finance

Office of the Tax Commissioner

FORM C1

CORPORATE SERVICES APPLICATION TO REGISTER FOR TAX

Application is hereby made for registration under Section 6 of the Corporate Services Tax Act 1995:

- 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, Partnership, Sole Proprietorship, etc.
- 9. Date of commencement of providing Corporate 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:

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____