

**TAXPAYERS SERVICES  
VANUATU GOVERNMENT**

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V A N U A T U  
**CUSTOMS & INLAND REVENUE**  
**SERVICE DE LA DOUANE ET DES**  
**CONTRIBUTIONS INDIRECTES**

**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**

CT 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="text"/> 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"/>
After hours	<input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/>	<input type="text"/>
Fax number	<input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/>	<input type="text"/>

**Email Address**

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**9 Nature of Business** (i.e.. Retailer, Farmer etc)

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**10 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			

**11 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			

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

Yes       No

**13 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       No

- 14 Tick to show how often you want to file VAT returns.  
(You **must** file monthly if your annual turnover exceeds VT8 Million). One monthly   
Quarterly
- 15 Tick the box to show the VAT accounting basis you want to use. Invoice (accruals) basis   
(See our booklet "Do you need to register") Payments (cash) basis
- 16 Are you an exporter?  Yes  No Are you an importer?  Yes  No

- 17 Would you like an Officer from the VAT Office to contact you and explain more about VAT?  Yes  No

- 18 (a) If you are required to obtain a **Business Licence**, have you attached a copy to this form?  N/A  Yes  No
- (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  No
- (c) If you are a limited liability company, have you attached a copy of your **Certificate of Incorporation** to this form?  N/A  Yes  No
- (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  No

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

- 19 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.)

<p><i>Name</i></p> <input type="text"/> <p><i>Address</i></p> <input type="text"/> <input type="text"/>	<p><i>Position</i></p> <input type="text"/>  <p><i>Phone number</i></p> <input type="text"/>
<p><i>Name</i></p> <input type="text"/> <p><i>Address</i></p> <input type="text"/> <input type="text"/>	<p><i>Position</i></p> <input type="text"/>  <p><i>Phone number</i></p> <input type="text"/>

20 **Declaration**

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

<input type="text"/>	<i>Signature</i>	<i>Date</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>