



IMPORTANT NOTES

- To be submitted at the local District Offices of the Department
- To be completed in **CAPITAL LETTERS** (other than e-mail address)
- Fields with **I, P, L** are **compulsory** for individuals (I), partnerships (P) and legal persons (L) respectively
- Complete ALL the fields which pertain to you and accordingly attach, copies of the following documents in the Greek Language:
 - certificate of incorporation / registration, certificate of Directors and Secretary from the appropriate authority for legal persons not registered in the Republic
 - Identification Data for individuals who do not have a Cyprus Identity Card or a Cyprus Alien Registration Card and for overseas legal persons.
- Tick V accordingly wherever choice with a box appears and fill in where appears.

A. TYPE OF REGISTRATION (I,P,L)

1. Reason for Registration (I,P,L)

I wish or am obligated to register for the purpose of the following tax/es :

I do not have a V.A.T. number nor do I have a T.I.C. for other taxes.

I have or had in the past a V.A.T. number which is/was

I have or had in the past a T.I.C. number for other taxes which is/was

For Official use

2. Type of Registration (I,P,L) (choice b-f: complete form TD2003 if you are appointing an agent / auditor / person held responsible under the Law)

a V.A.T (Complete and attach Form TD1101 – Choice a special scheme if applicable:

special scheme for Farmers (Εντυπο ΦΠΑ205) or special scheme for town taxi (Εντυπο ΦΠΑ210)

b Income Tax / Special Contribution of Private Sector / Special Contribution for Defence

c Employer as from/...../..... with employees

d Immovable Property / Capital Gains Tax

e Payment of Stamp Duty

f Registration of Auditor for the purpose of submissions of returns

B. TAXPAYERS DETAILS

1. Type of Taxpayer (I, P, L) : Individual Partnership Legal Person

2a. Name (I):

2b. Surname (I): **Gender (I):**

2c. Name of Legal Person / Partnership (P, L):

3. Trade Name:

4. Nationality(I): **Country of usual Residence (I):**

4. Identification Number (I, P, L): Declare your Identification number and your incorporation / birth date
Choose the type that describes the identification number you have declared

Individuals:

CYPRUS IDENTITY CARD or ALIEN REGISTRATION CARD (ARC)

Legal Persons:

Registered with the Cyprus Registrar of Companies,

OLD PARTNERSHIP* NEW PARTNERSHIP* CYPRUS COMPANY EUROPEAN COMPANY

OVERSEAS COMPANY

Registered with other Cyprus Government Departments of the Republic

POLITICAL PARTY CLUB or FOUNDATION PROVIDENT FUND, COOP

Non registered persons– Give the identity card / registration number of the precedent partner as the identification number above.

INFORMAL PARTNERSHIP OF INDIVIDUALS* INFORMA PARTNERSHIP OF LEGAL PERSONS *

* attach form ΦΠΑ102

Persons who do not fall into the above categories

Declare the country of origin of the Identification number and attach a copy/official confirmation:

TAX NUMBER OF OTHER COUNTRY

If you are not registered with another tax authority give one of the following identifications of the other country

IDENTITY CARD SOCIAL INSURANCE REGISTRATION OF COMPANY / PARTNERSHIP

Declare the reason you are not able to register with the Cyprus Registrar of Companies or obtain an ARC.:

5. Bank Details: SWIFT CODE and **IBAN** | |

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B. COMMUNICATION (DO NOT include names buildings or floor numbers the office or apartments)

1. Communication Language (I, P, L):- Greek Turkish English

Telephones and e-mail (I, P, L)

2. E-mail			
3. Home Telephone Number		4. Mobile Telephone Number	
5. Work Telephone Number		6. Fax Number	

Addresses (buildings are included only for overseas addresses, It is compulsory to complete all fields marked with a *) -

7. Residence (I) / Registered Office (P, L):

Street*			
Street			
Number*	Shop / (Apartment / Office) Number	Village or Town *	
Postal Code Number*		Country*	

8. Main Business (I, P, L) Same as Residence or Registered Office; Yes No

Street*			
Street			
Number*	Shop / (Apartment / Office) Number	Village or Town *	
Postal Code Number*		Country*	

9. Mailing Address where you wish to have your correspondence sent to (I, P, L):-

To Residence / Registered Office Work Other (complete a or b below accordingly)
If you choose «Other», declare either the full address (a) or Post Office Box (b).

a) Street*			
Street			
Number*	Shop / (Apartment / Office) Number	Village or Town *	
Postal Code Number*		Country*	
b) Postal Office Box *		Postal Code Number*	
Village or Town *		Country*	

D. ACTIVITIES

1. Date: Start of FIRST Activity (I, P, L)/...../.....

2. Your Main Business Activity (I, P, L) – Description (For employees / directors state Employee / Director and the name of your employer) :-

	FOR OFFICIAL USE
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3. Secondary Activities if you have any – Description :-

	FOR OFFICIAL USE
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E. DECLARATION

I with Identity number

(complete your full name in CAPITAL LETTERS)

Declare that the information completed on this form and which is included in any attached forms are complete and true and in case of any change I am obliged to notify the Tax Department.

Signature Date Telephone for clarifications

Designation of signatory:

Taxpayer Representative Partner Administrator / Trustee
 Director Secretary Authorised official

For official use Recorded by Date

The Processing Of Personal Data (Protection of individuals) LAW No. 138 (I) 2001 (as amended)

The Department maintains a Register where personal data of the Republic's taxpayers is maintained for the purposes of enforcing Tax Legislation. The existence of this Register has been notified by publicity in the newspapers in accordance with The Processing of Personal Data (Protection of individuals) Law No.138(I) of 2001, as amended.

The Department can use the information entered on this Form in order to check the correctness of information, prevent or detect an offence and safeguard the income of the Republic.