



Falkland Islands Government Taxation Office (FIGTO)

Business / Company Registration

FAO: Business Owner(s) / Company Secretary

Taxation Office, St Mary's Walk, Stanley,
Falkland Islands, FIQQ 1ZZ
Tel (+500) 28470

Email general@taxation.gov.fk

Website www.falklands.gov.fk/taxation

Public opening hours Monday to Friday, 9am – 12 noon

Date of issue:

Taxes Ordinance 1997, associated legislation &
regulations are available at www.legislation.gov.fk

We understand the above business/company may have come/will become within the charge to Falkland Islands (FI) taxes either from carrying out activities in FI and/or from FI company registration. Please complete and return this form to the address shown above. When completing the form please use the date format dd/mm/yyyy.

Once we have received your completed form you will be issued with the relevant references. An Employer Reference Number (ERN) is required (even if you have no employees) for completing annual returns issued by FIGTO. If the business is a company, a Company Reference Number (CRN) will also be issued. Please use these references when corresponding with FIGTO. A copy of this completed form may also be provided to the Pensions Office who may contact you regarding any pension requirements.

If you wish to discuss your taxation obligations please contact your professional adviser or our office.

1 General details of the business/company

Business address			
Country		Postcode	
Telephone			
Email			
Agent / Accountant (Agent Authority Form required)			
Description of the business/ company's activities			
Date business/company came within the scope of FI tax (e.g. date commenced trading/FI activities)			
If FI activities are not ongoing, the date they ceased or are due to cease			
Is this business a (tick whichever applies, then complete the relevant further parts of this form as indicated)	Sole-trader	<input type="checkbox"/>	complete parts 2, 4, 6 & 7
	Partnership	<input type="checkbox"/>	complete parts 3, 4, 6 & 7
	Company	<input type="checkbox"/>	complete parts 5, 6 & 7

2	Sole-trader Details of business owner
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Full name		Date of birth	
Home address			
			PO Box
	Country		Postcode

3	Partnership Details of partners (if more than four partners, provide details of the remaining partners on a separate sheet)
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Partner 1		Partner 2	
Full name			
Date of birth			
Home address			
PO Box			
Country			
Postcode			
Percentage of profit split			

Partner 3		Partner 4	
Full name			
Date of birth			
Home address			
PO Box			
Country			
Postcode			
Percentage of profit split			

Please provide a copy of the partnership agreement - please note this does not need to be a formal document, but should at a minimum provide details of the partnership and be signed by all partners.

Note: If, for any account period, there is a change in the partnership profit split you need to inform FIGTO in writing before the end of the tax year (31 December) in which the change is/has applied.

4 Is this business's account period end, a date other than 31 December?	No <input type="checkbox"/> Go to part 6	Yes <input type="checkbox"/> Permission is required from the Commissioner of Taxation.
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Please state below the account period end date and reasons why you wish to have this date. These details will be reviewed and confirmation provided of whether the date is accepted or if further details are required.

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5	Company Details of the company		
Date of registration		Registration number	
Country of registration		Date to which accounts are or will usually be made up to	
Registered office address (if different to the Business Address at Part 1 of this form)			
Country		Postcode	
If member of a group, what is the group parent?			
Please enclose a copy of the Company's Memorandum and Articles of Association.			Tick to confirm enclosure <input type="checkbox"/>

Company Officers (if more than three Directors, please provide details of the remaining Directors on a separate sheet)

Company Secretary		Director 1	
Full name			
Date of birth			
Home address			
PO Box			
Country			
Postcode			
Director 2		Director 3	
Full name			
Date of birth			
Home address			
PO Box			
Country			
Postcode			

Details of the contact person for the company's FI corporation tax matters

Full name	
Position held	
Telephone	
Email	

Any other relevant information

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6	Is this business an employer with employees subject to FI tax?	No	Go to part 7	Yes	Provide below, details of the business's Payroll Administrator
		<input type="checkbox"/>		<input type="checkbox"/>	

Full name	
Position held	
Telephone	
Email	

Please provide email addresses for those who are authorised to submit electronic POAT returns to FIGTO

Guides to explain the tax obligations as an employer and a workbook containing all the employer forms to be used during the year are available on FIGTO's website www.falklands.gov.fk/taxation

7 Declaration	Please sign and complete the below to confirm the details provided on this form are correct.
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Signature	Date
<input type="text"/>	<input type="text"/>
Full Name	Status i.e. Owner, Director, Company Secretary
<input type="text"/>	<input type="text"/>

Office use only				Date	Initials
CRN created (if company)	<input type="text"/>				
ERN created	<input type="text"/>				
Database record created	CRN (if company) <input type="checkbox"/>	ERN <input type="checkbox"/>			
Y drive record created	CRN (if company) <input type="checkbox"/>	ERN <input type="checkbox"/>			
Business provided with its tax references					
Copy of form passed to Pensions Office (if sole-trader or partnership)					
If not a company and APE other than 31 Dec Passed to HoPT					
Business provided with confirmation of APE					
If employer, guidance notes sent and added to POAT check list					
If a company, added to Company Accounts Record of Returns					
Relevant files noted	Directors (if company) <input type="checkbox"/>	Perm notes <input type="checkbox"/>			