

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

INS-02/S

INSURANCE REGISTRATION FEE



TAXPAYER NO.:

NAME OF TAXPAYER:

TAX PERIOD: MONTH YEAR

SECTION 1

	DATE OF ISSUE	POLICY NUMBER	VALUE OF POLICY	PREMIUM PAYABLE	\$ 2.00 PER THOUSAND TAX PAYABLE	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6

Additional fields available on Page 2

PAGE TOTAL:

GRAND TOTAL (including policies listed on additional pages):

SECTION 2

I declare that the information given of this form is to the best of my knowledge and belief true and correct and that I have the authority to disclose the information provided. I understand that the Saint Christopher and Nevis Inland Revenue Department reserves the right to review and adjust or reassess the information provided for a period of up to six years and the applicant/or their representatives will be held responsible for (i) understating, overstating or omitting data and (ii) the payment of any fees fines and penalties associated with their actions, as defined under the Tax Administration and Procedures Act and The Perjury Act, which will affect the fees and any subsequent tax related assessment. Please be aware that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to imprisonment for a term of seven (7) years or to a fine of thirty-thousand (\$ 30,000.00) dollars.

SIGNATORY FULL NAME:

SIGNATURE

/ /

DAY / MONTH / YEAR

SECTION 3 - INLAND REVENUE DEPARTMENT USE ONLY

DOCUMENT NO.:

/ /

DAY / MONTH / YEAR

PROCESSED BY:

/ /

DAY / MONTH / YEAR

SECTION 1 (CONTINUED)

THIS PAGE MAY BE COPIED IF ADDITIONAL SPACE IS REQUIRED

	DATE OF ISSUE	POLICY NUMBER	VALUE OF POLICY	PREMIUM PAYABLE	\$ 2.00 PER THOUSAND TAX PAYABLE	
1						1
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