

Income Tax Office

HM Government of Gibraltar

#### TAXI DRIVER / RENTAL APPLICATION FOR REGISTRATION AS A SELF-EMPLOYED INDIVIDUAL (SE3)

This form must be duly completed in **CAPITALS**, signed, and bundled together with any relevant documents specifically requested within this form and submitted to the Income Tax Office at St Jago's Stone Block, 331 Main Street Gibraltar. If you require any assistance in completing this form, please contact our offices on Tel. No. 200 71071 or by email at selfemployed@gibraltar.gov.gi

Full Name Date of Birth	Section 1 - Personal Details	
Residential Address   Residential Address   Email Address   Taxpayer Reference Number   Taxpayer Reference Number   Please tick the box applicable to you:   Married   Civil Partner   Single   Widowed   Divorced   Section 2 - Spouse / Civil Partner Details   Spouse / Civil Partner Full Name   Residential Address   Date of Birth   Section 3 - Employment Details   Name of Last Employer / Details of Previous Self-Employment   Date of Termination / Cessation   If you have any paid employment in addition to being self-employed, please give full details:	Full Name	Date of Birth
Residential Address   Residential Address   Email Address   Taxpayer Reference Number   Taxpayer Reference Number   Please tick the box applicable to you:   Married   Civil Partner   Single   Widowed   Divorced   Section 2 - Spouse / Civil Partner Details   Spouse / Civil Partner Full Name   Residential Address   Date of Birth   Section 3 - Employment Details   Name of Last Employer / Details of Previous Self-Employment   Date of Termination / Cessation   If you have any paid employment in addition to being self-employed, please give full details:		
Image: Section 3 - Employment Details     Section 3 - Employment Details     Section 2 - Spouse / Civil Partner Single     Widowed   Date of Termination / Cessation     Date of Termination / Cessation   If you have any paid employment in addition to being self-employed, please give full details:	Nationality	Contact Phone Number
Image: Section 3 - Employment Details     Section 3 - Employment Details     Section 2 - Spouse / Civil Partner Single     Widowed   Date of Termination / Cessation     Date of Termination / Cessation   If you have any paid employment in addition to being self-employed, please give full details:		
Please tick the box applicable to you:   Married   Civil Partner   Single   Widowed   Divorced   Section 2 - Spouse / Civil Partner Details   Spouse / Civil Partner Full Name   Residential Address   Nationality   Date of Birth   Section 3 - Employment Details   Name of Last Employer / Details of Previous Self-Employment   Date commenced   Date of Termination / Cessation   If you have any paid employment in addition to being self-employed, please give full details:	Residential Address	Email Address
Please tick the box applicable to you:         Married       Civil Partner         Single       Widowed         Divorced       Separated         Section 2 - Spouse / Civil Partner Details       Sepouse / Civil Partner Full Name         Residential Address       Image: Civil Partner Full Name         Nationality       Image: Civil Partner Full Name         Date of Birth       Image: Civil Partner Details         Section 3 - Employment Details       Image: Civil Partner Partner Details         Name of Last Employer / Details of Previous Self-Employment       Image: Civil Partner Part		
Married Civil Partner   Single Widowed   Divorced Separated   Section 2 - Spouse / Civil Partner Details Spouse / Civil Partner Full Name Residential Address Nationality    Nationality		Taxpayer Reference Number
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Section 2 - Spouse / Civil Partner Details         Spouse / Civil Partner Full Name       Residential Address         Nationality	Please tick the box applicable to you:	
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If you have any paid employment <u>in addition</u> to being self-employed, please give full details:	Name of Last Employer / Details of Previous	Self-Employment
If you have any paid employment <u>in addition</u> to being self-employed, please give full details:		
	Date Commenced	Date of Termination / Cessation
	If you have any paid employment in addition	to being self-employed, please give full details:
Employer Name	Employer Name	

### Section 4 - Taxi Licence Details

#### Full name(s) of Taxi Owner(s)

1.

# 2.

Main Driver

**Taxi Licence Number** 

**Date of ownership** 

1.

Second Driver (if any)

2.

### Section 5 - Taxi Driver Details (to be completed by taxi drivers only)

**Commencement date as Taxi Driver** 

How many hours, on average, do you work on a weekly basis?

Weekly rent paid

£

#### Section 6 - Taxi Licence Rental Details (to be completed if in receipt of taxi rental income only)

Please state the weekly rental income, if there is more than one owner please specify how much is received by each owner.

#### Name(s) and amount

1.	2.
£	£

### **Section 7 - Documentation Required**

Passport / ID Card

**Certificate of Registration (ETB)** 

## **Section 8 - Declaration**

I declare that to the best of my knowledge and belief the particulars given on this form are correct and complete.

Signed:

Date: \_

Please allow at least 10 working days for this office to consider this application. Unless you hear from us within this period, you are then required to register at the Department of Employment. Once the Department of Employment approves your registration, the Income Tax Office will prepare a literature pack containing all necessary documents.

Please advise how you wish to receive your literature pack by ticking one of the boxes below:

Collection at self-employed counter:	By post:
For office use only:	
Taxpayer Ref:	Social Insurance Code:
Application Approved: Yes / No	Reason for non-approval:
Officer's Signature:	
Date:	