



TAXI DRIVER / RENTAL APPLICATION FOR REGISTRATION (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 taxopi@gibraltar.gov.gi

Section 1 - Personal Details

Full Name

Date of Birth

Nationality

Contact Phone Number

Residential Address

Email Address

Taxpayer Reference Number

Please tick the box applicable to you:

Married

Civil Partner

Single

Widowed

Divorced

Separated

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 Registration at the Income Tax Office

Date Commenced

Date of Termination / Cessation

If you have any paid employment in addition to being in receipt of this income, please give full details:

Employer Name

Section 4 - Taxi Licence Details

Full name(s) of Taxi Owner(s)

1.

2.

Main Driver

Second Driver (if any)

Taxi Licence Number

Date of ownership

1.

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.

Literature pack will be sent via email upon registration

For office use only:

Taxpayer Ref: _____

Social Insurance Code: _____

Application Approved: Yes / No

Reason for non-approval: _____

Officer's Signature: _____

Date: _____
