

Application for Registration of Trade, Business, Profession or Vocation (S1)

Important Notes

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 74874 or by email at selfemployed@gibraltar.gov.gi

Section 1 - Pe	ersonal Details				
Full Name					
Nationality					
Date of Birth					
Residential Add	dress				
Contact Phone	Number(s)				
Email Address					
Taxpayer Ident	ification Number				
Please tick the box applicable to you:					
Married	Civil Partner	Single	Widowed	Divorced	Separated

If married or in a civil partnership, please complete Section 2, otherwise continue to Section 3

Section 2 - Spouse / Civil Partner Details	
Full Name	
Nationality	
Date of Birth	
Residential Address	
Section 3 - Employment Details	
Name of Last Employer / Details of Previous Self-E	mployment
Name of East Employer / Details of Frevious Sen' E	imployment
Date Commenced	Date of Termination / Cessation
	Date of Termination/ Cessation
If date of termination/cessation was over 3 months ago, plea	ase give details of your status during this period:
auto or torrimitation, cossettori vius ever e mentino age, pro-	ass give details of your status aut ing time period.
If you have any paid employment in addition to be	ing self-employed, please give full details:
Employer Name	
Employer Address	
If you are a director or shareholder of any limited comp full details:	pany, <u>in addition</u> to being self-employed please give
Company Name	
Post Held	
Director Shareholder	

Section 4 - Trading / Profession Details
Commencement date of Trade / Profession
What is your Trade / Profession? (e.g. Construction, Lawyer etc.)
Please describe in detail the nature of your Trade / Profession, including whether you are a Sole Trader or trade through a partnership, etc.:
Section 5 - Business Details (only to be completed if in possession of a Business Name Registration Certificate)
Business Name
Business Address
Business Contact Number(s)
Business Email Address
If you have business partners, they must also register as self-employed individuals for social insurance and income tax.
If you are employing or thinking of employing someone to work for you, you also need to register yourself or your business for PAYE purposes. For further information please contact the PAYE section either in writing, via Tel. No. 20074924 or email paye@gibraltar.gov.gi.
Section 6 - Social Insurance Option For Self-Employed Women
As from 24th July 2014, under the Social Security (Insurance) Act, a self-employed woman may apply for maternity allowance. If you want to opt to pay the "additional voluntary contribution" to be able to claim this allowance, please tick the following box.

Note: if you opt to pay the "additional voluntary contribution" you must maintain the payment of this contribution during the whole of your self-employed working life.

Section 7 - Self-Employed Details In order to ascertain whether you are self-employed, please answer the following questions: Does anyone have the right to select, suspend Do you work a set amount of hours? or dismiss you from your business / trade? Yes No Yes No What hours do you work? Do you risk your own money? Who decides these hours? Do you provide the main items of equipment you need for your job? Are you paid per hour, week, month or job? Yes No Do you agree to carry out a job for a fixed Can you get overtime pay or bonus payments? price regardless of how long the job may take? Yes No Yes No Can someone tell you at any time how to carry Are your services available to anyone who out your business / trade? approaches you? Yes No Yes No **Section 8 - Documentation Required** Passport / ID Card **Business Name Registration (if applicable) Section 9 - Declaration** I declare that to the best of my knowledge and belief the particulars given on this form are correct and complete. If it is a requirement for me to have a business license and I have not obtained one, I understand that details of my application may be sent to the Office of Fair Trading or relevant licencing body for their action. If it is a requirement for me to register with the Department of Employment and I have not done so, I understand that details of my application may be sent to their offices for their action. I acknowledge and understand that it is the responsibility of all Businesses, Trades or Professions to ensure that they have obtained all appropriate licences before commencing operation. Signed: _ Date: _ Please allow at least 10 working days for this office to consider this application. Unless you hear from us within this period, the Income Tax Office will prepare an information pack containing all the necessary documents. Please advise how you wish to receive your information pack by ticking one of the boxes below: Email: By post: For office use only: Taxpayer Ref: ___ Social Insurance Code:____ Application Approved: Yes / No Reason for non-approval:____ Officer's Signature:

Date: