

Application for Registration of Individuals not subject to PAYE Regulations (SE1b)

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 to **selfemployed@gibraltar.gov.gi**. Please contact our offices at this email address or on telephone No. 20074874 if you require any assistance in completing this form.

Section 1 - Pe	ersonal Details				
Full Name					
Nationality					
Date of Birth					
Residential Add	dress				
Contact Phone	Number(s)				
Email Address					
Taxpayer Ident	ification Number		l		
Please tick the	box applicable to y	ou:			
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					
D. M. MAII					
Residential Address					
Section 3 - Employment Details					
Name of Last Employer / Details of Previous income e	arned				
Date Commenced Date	e of Termination / Cessation				
If date of termination/cessation was over 3 months ago, please g	ve details of your status during this period:				
II date of termination/cessation was over 5 months ago, piease 6	ve details of your status during this period.				
If you have any paid employment , please give full deta	ails:				
Employer Name					
Employer Address					
	3				
If you are a director or shareholder of any limited company, please give full details					
Company Name					
Please tick as necessary					
Director Shareholder					
Is the above company registered at the Department of Emp	ployment?				
Yes No If no please provide further details					

Section 4 - Income Details	
Commencement date	
What is the source of your Income?	
Please describe in detail the nature of	of the income received
Section 5 - Documentation Req	uired
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Passport / ID Card	Confirmation from ETB of exemption from the Business, Trade and Professions (Registration) Act
Section 6 - Declaration	
I declare that to the best of my knowledge a	nd belief the particulars given on this form are correct and complete.
Signed:	Date:
DI II 11 140 II I C	41. 66 4 11. 41. P. 41. F. T.

Please allow at least 10 working days for this office to consider this application. For Tax purposes you will be administered by the self-employed section as a self-employed individual. An information pack will be sent to you via email upon successful registration.