



## Foundation Registration Form

### SECTION 1 - General information

In order to register the foundation, it **MUST** be:

- in receipt of taxable income in accordance with section 11 of the Income Tax Act 2010; and
- resident in Gibraltar as per the provisions of section 13A(2) of the Income Tax Act 2010.

**IF THE FOUNDATION DOES NOT MEET BOTH OF THE ABOVE CRITERIA  
THE FOUNDATION IS NOT REQUIRED TO REGISTER**

Name of Foundation

**PLEASE PROVIDE A COPY OF THE FOUNDATION CHARTER AND CERTIFICATE OF ESTABLISHMENT WITH THIS RETURN**

### SECTION 2 - Details of councillors

Please provide the details requested below, where appropriate, for **each** councillor. If this foundation has more than 3 councillors then please provide this additional information in supporting schedules. The date of birth (DOB) or Date of incorporation (DOI) as well as the residential or registered address should be provided for individuals or companies respectively.

#### Councillor 1 - PRINCIPAL ACTING COUNCILLOR

Designated to deal with the Income Tax Office on behalf of the Foundation. The actions of the Principal Acting Councillor are treated by the Income Tax Office as representing the actions of all the councillors.

Name

DOB / DOI  Taxpayer reference

Address (Residential / Registered)

  


Please select the type of this councillor

Professional councillor

Non-professional councillor

**SECTION 2 (Contd.) - Details of councillors**

Councillor 2

Name

DOB / DOI Taxpayer reference

Address (Residential / Registered)

Non-professional councillor

Councillor 3

Name

DOB / DOI Taxpayer reference

Address (Residential / Registered)

Non-professional councillor

**SECTION 3 - Details of beneficiaries**

Please provide the details requested below, where appropriate, for **each** beneficiary. If this foundation has more than 5 beneficiaries then please provide this additional information in a supplement to this return. The residential / registered address & date of birth / incorporation date should be provided for individuals / companies respectively.

Beneficiary 1 Resident  Non-Resident

Name

DOB / DOI Taxpayer reference

Address (Residential / Registered)

Beneficiary 2 Resident  Non-Resident

Name

DOB / DOI Taxpayer reference

Address (Residential / Registered)

**SECTION 3 (Contd.) - Details of beneficiaries**

Beneficiary 3

Resident

Non-Resident

Name

DOB / DOI

Taxpayer reference

Address (Residential / Registered)

<input type="text"/>
<input type="text"/>
<input type="text"/>

**SECTION 4 - Declaration by Principal Acting Councillor**

I declare that the information contained in this tax return is correct and complete to the best of my knowledge and belief.

Signature

Date

*A photocopy of a signature is not acceptable*

Name of declarant

*Any person signing this declaration must be an authorised signatory of the trust and if signing on behalf of a professional trustee must state the name of the individual signing the return and the capacity in which they are authorised to do so.*