



DEPARTMENT OF GENERAL SALES TAX

GST 100

APPLICATION FOR REGISTRATION

1. Taxpayer Identification Number: _____

2. Name of Taxpayer: _____

3. Trade Name: _____

4. Address: _____

5. Mailing Address: _____

6. Telephone Number(s): _____

7. Fax Number(s): _____

8. Email Address: _____

9. Representative: _____

10. Position: _____

11. Primary Business Activity _____

Gross Sales of Primary Activity: \$ _____

12. Date Taxable Activity Commenced _____

13. Value of Taxable Supplies excluding Capital Goods \$ _____

DAY/MONTH/YEAR

14. Sole Trader Company Partnership Joint Venture Other (please specify) _____

15. Please tick as appropriate

	Yes	No		Yes	No
Do you expect Taxable Supplies for the next 12 months to exceed \$75,000?	<input type="checkbox"/>	<input type="checkbox"/>	Do you carry out taxable activities in more than one location (if yes, attach a list of the trade names and locations.)	<input type="checkbox"/>	<input type="checkbox"/>
Are you below the registration threshold but still wish to be registered? (if so complete form GST 102)	<input type="checkbox"/>	<input type="checkbox"/>	Are you a major exporter?	<input type="checkbox"/>	<input type="checkbox"/>
Do you make zero-rated and/or exempt supplies?	<input type="checkbox"/>	<input type="checkbox"/>	Are you an importer?	<input type="checkbox"/>	<input type="checkbox"/>
Give value of taxable supplies in the 12 months preceeding this application			\$	_____	

16. Registration details of the sole trader, directors, partners, joint ventures or members of a company

1. Last Name	First & Middle Name	Home Address
_____	_____	_____
Telephone Number	Email Address	_____
_____	_____	_____
Taxpayer Identification Number: _____		
2. Last Name	First & Middle Name	Home Address
_____	_____	_____
Telephone Number	Email Address	_____
_____	_____	_____
Taxpayer Identification Number: _____		

17. **DECLARATION**

I, _____ hereby declare that the information given on this application form is true, correct and complete and I further declare that I have the authority to make this disclosure of the information provided.

Signature	Title	Date
_____	_____	_____
DAY/MONTH/YEAR		

IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION

FOR OFFICIAL USE ONLY

Application Received	New Taxpayer	Rejected	Effective Date of Registration	TIN
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Primary Standard Industrial Code	_____		Doc. Number	_____
Approved by	Position	Registration Type	Date approved/rejected	No. of certificates required
_____	_____	_____	_____	_____