MINISTRY OF FINANCE

APPLICATION FOR OBTAINING A TAX NUMBER



IMPORTANT NOTES

- To be submitted at the local District Offices of the Department
 To be completed in CAPITAL LETTERS (other than e-mail address)
 Fields with I, P, L are compulsory for individuals (I), partnerships and trusts (P) and legal persons (L) respectively
- Complete ALL the fields which pertain to you and accordingly attach, copies of the following documents in the Greek Language:
 certificate of incorporation / registration, certificate of Directors and Secretary from the appropriate authority for legal persons not registered in the Republic
 - Identification Data for individuals who do not have a Cyprus Identity Card or a Cyprus Alien Registration Card and for overseas legal persons.
- 5. Tick ✓ accordingly wherever choice with a box ☐ appears and fill in where ☐ appears.

A. TYPE OF REGISTRATION (I,P,L)								
1. Complete whichever is applicable (I,P,L)	For Official use							
2. Type of Registration (I,P,L) (choice b-f: complete form TD2003 if you are appointing an agent / auditor / person held responsible under the Law) a								
B. TAXPAYERS DETAILS 1. Type of Taxpayer (I, P, L):								
2a. Name (I):								
2b. Surname (I): Gender (I):								
2c. Name of Legal Person / Partnership (P, L):								
3. Trade Name:								
4. Nationality(I): Country of usual Residence (I):								
Choose the type that describes the identification number you have declared Individuals: CYPRUS IDENTITY CARD or ALIEN REGISTRATION CARD (ARC) Legal Persons: Registered with the Cyprus Registrar of Companies, OLD PARTNERSHIP* NEW PARTNERSHIP* CYPRUS COMPANY Registered with other Cyprus Government Departments of the Republic POLITICAL PARTY CLUB or FOUNDATION COOP FUNDS FOR OCCUPATIONAL RETIREMENT BENEFITS CYSEC (Trusts), Registered with other bodies in the Republic LCPAC (Trusts) LAWYERS ASSOCIATION (Trusts) Non registered persons— Give the identity card / registration number of the precedent partner as the identification number above. INFORMAL PARTNERSHIP OF INDIVIDUALS* INFORMA PARTNERSHIP OF LEGAL PERSONS* * attach form Φ.Π.Α.102 Persons who do not fall into the above categories Declare the country of origin of the Identification number and attach a copy/official confirmation: TAX NUMBER OF OTHER COUNTRY If you are not registered with another tax authority give one of the following identifications of the other country IDENTITY CARD SOCIAL INSURANCE REGISTGRATION OF COMPANY / PARTNERSHIP Declare the reason you are not able to register with the Cyprus Registrar of Companies or obtain an ARC.:								
6. Bank Details: SWIFT CODE and IBAN IBAN								
7. Funds for Occupational Retirement Benefits – method of payment to its members:— LUMP SUM PAYMENTS PERIODIC PAYMENTS COMBINATION OF PERIODIC AND LUMP SUM PAYMENTS	 S							

В.	. COMMU	INICATION (DO NOT include name	s buildinas or f	floor numbers	s the office or apart	ments)			
1. Communication Language (I, P, L):- Greek							glish (not applicable for V.A.T.)		
Telephones and e-mail (,		
2. E-mail	,								
3. Home Telephone Num	4. Mobile Te	elephone Nu	mber						
5. Work Telephone Number			6. Fax Num						
Addresses (buildings are	e included o	only for overseas addresses, It is com	pulsory to com	nplete all field	ds marked with a *)	-			
7. Residence (I) / Regist				•	<u>`</u>				
Street*									
Street									
Number*	Shor	o / (Apartment / Office) Number			Village or Town *				
Postal Code *			Country*						
8. Main Business (I, P, L	_)	Same as Residence or Registered	l Office:			Yes N	No		
Street*	<u>, </u>		,			1			
Street									
Number*	Shor	o / (Apartment / Office) Number			Village or Town *				
Postal Code *	Ono	7 (Apartment / Omec) Namber	Country*		village of Town				
	ro vou wit	h to have your correspondence cor							
To Residence / F	Registered	h to have your correspondence ser Office		Other (d	complete a or b belo	ow according	gly)		
a) Street*									
Street									
Number*		Shop / (Apartment / Office) Number			Village or Town *				
Postal Code *			Country*			<u> </u>			
b) Postal Office Box *			,	Postal Cod	e *	<u> </u>			
,						<u> </u>			
Village or Town * Country* D. ACTIVITIES									
4 D 4 04 4 5 FIDOT 4	•								
1. Date: Start of FIRST				J /					
2. Your Main Business A	Activity (I,	P, L) – Description (For employees /	directors state	Employee /	Director and the na	me of your e	employer) :-		
				FOR	OFFICIAL USE				
3. Secondary Activities	if you hav	e any – Description :-		1					
,	,	,							
				FOR	OFFICIAL USE				
		E. DECL	ARATION	i		i			
1			with Ide	ntity numbe	r				
		(complete your full nam	ne in CAPITAL	LETTERS)					
Declare that the information obliged to notify the Tax E		ted on this for and which is included ir t.	n any attached	forms are co	emplete and true ar	nd in case of	any change I am		
Signature		Date	Telep	hone for clar	ifications				
Designation of signatory:									
Taxpayer			Partner		Administrator /	/ Trustee			
Director		Secretary	Authorised offi	cıal					
For official use Recorded by Date									
The Pro	ocessing	Of Personal Data (Protection o	f individuals	s) LAW No	. 138 (I) 2001 (as	amended	 I)		
	gister has l	er where personal data of the Repub been notified by publicity in the news as amended.							

The Department can use the information entered on this Form in order to check the correctness of information, prevent or detect an offence and safeguard the income of the Republic.