

COMMONWEALTH OF THE BAHAMAS

VALUE ADDED TAX DEPARTMENT

APPLICATION FOR THE FORMATION OF A VAT GROUP

| A. GROUP INFO | ORMATION | | | | |
|--|--|---------------------|------------------|--|--|
| 1. Enter a name | e for the group | | | | |
| 2. Name of the | authorized person for the group | | | | |
| | e of authorized person | | | | |
| | tart date of group | | | | |
| B. REPRESENTATIVE ENTITY INFORMATION | | | | | |
| 5. TIN | 6. Trading Name | | | | |
| This inclu Duty, and | he single VAT Return and payment of udes but is not limited to taxes in arrow I Real Property Tax. With the Act the Comptroller reserves the right to | ears for Business I | License, Customs | | |
| C. OTHER MEMBERS' INFORMATION (USE EXTRA SHEET IF NECESSARY) | | | | | |
| 10. TIN | 11. Trading Name | 12. Signature | 13. Date | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 14. | | | | | | | |
|--|--------------------------------------|------------------------|--------------------------|------|--|--|--|
| D. INFORM | ATION ON INTEGRATION OF GROUP | MEMBERS | | | | | |
| 15. Does the group as a whole qualify to declare consolidated Financial statements in accordance with the standards of IFRS (International Financial Reporting Standards)? | | ○ Yes | O No | | | | |
| 16. Indicate the percentage of intra-group taxable sales at fair market value, relative to total sales of the group: | | | | | | | |
| 17. Does the group consist of Resident and Non-Residents? | | ○ Yes | O No | | | | |
| 18. Does the group consist of Port Licensees and Non-Port Licensees? | | | O Yes | O No | | | |
| 19. Does the group consist of Regulated and Non-Regulated companies? | | ○ Yes | O No | | | | |
| 20. Does the group consist of Regulated Companies that are not regulated by the same Regulatory Body? | | | O Yes | O No | | | |
| 21. Check any support departments that are shared by all group members | | | | | | | |
| ☐ Accounting ☐ Finance | | | ☐ Information Technology | | | | |
| Other | Specify | | | | | | |
| Please incl | ude the following information when s | ubmitting application: | | | | | |
| Incorporated Certificate (Certified by Registrar General Department) Memorandum and Article of Association (Certified by Registrar General Department) The Annual Declaration and the Returns (Certified by Registrar General Department) Certificate of Good Standing Disclosure Share Structure Full Name of shareholders with shares beneficially owned Number of shares beneficially owned by the same shareholder If the information above listed in 1-7 is not applicable, please submit an affidavit of the company's primary owner(s) | | | | | | | |

- All arrears for Business License must be in good standing.
- In accordance with the Act the Comptroller can request any additional information.

| We hereby declare that the information provided is true, correct and complete to the best of our |
|--|
| knowledge and belief, and that we have the authority to make this disclosure of information and |
| declaration. |