

THE COMMONWEALTH OF THE BAHAMAS VALUE ADDED TAX DEPARTMENT

Application for Tax Free Scheme

Business Name:	
Trade Name:	
Business Address:	
TIN:	
Percentage of sales	generated from Tourist:%
Sales generated from	n Tourist: \$
Branches requesting	Tax Free Scheme:
1. Does all/each brar	ch(es)listed have the ability to provide electronic refunds?
☐ Yes ☐ N	No
If ves. by what metho	od?

2. Does all/each branch(es) listed have the ability to digitally capture and store documentation of visitors' eligibility for instant refund, and to link the documentation directly to the visitor's specific burchase(s)?	
☐ Yes ☐ No	
f yes, by what method?	
3. Has all/each branch(es) lodged a financial bond as assurance of both the Customs and VAT obligation with the Comptroller of Customs?	n
☐ Yes ☐ No	
☐ We acknowledge that we have seen and are aware of the goods that are eligible for this scheme.	
☐ We hereby agree to be responsible for the payment of a 10% monthly service fee on all potential VA payable on sales of zero rated tourist goods.	¥Τ
We hereby declare that the information provided is true, correct and complete to the best of complete and belief, and that we have the authority to make this disclosure of information and declaration. Additionally, we accept full responsibility for any infractions in relation to the VAT Ruland/or Guidelines of the Tax Free Shopping Scheme.	nd
Full Name	
uii Name	
Registrant Signature Date (dd/mm/yyyy)	

*Note: Each branch must qualify on its own merit.