

## বৃত্তম স্ট্রমান্ত্রবামনা Department of Revenue and Customs Ministry of Finance Royal Government of Bhutan

## **GST Group Registration Form**

		Application Date:	DD/MM/YYYYYY
Group Details			
-	f		
Group Name:			
TPN of Controller:			
Name of Contro	oller:		
Start Date:	DD/MM/YYYYY	Υ	
Group Membe	rs		
Member	TPN	Name	Start Date
1			
2			
3			
4			
5			
6			
7			
	osed group repres to 15 of GST Rule	sentative and the members fulfill ales 2026?	I the conditions set
Yes No	)		

## Declaration I/We, the undersigned, hereby declare that: 1. I am authorized to submit this Group Registration on behalf of the group 2. All information provided in this form is true, accurate and complete 3. All group members have consented to be part of this taxpayer group 4. I understand that the group will be jointly and severally liable for GST obligations 5. I will notify the tax authority of any changes to the group membership Name of Person: Designation/Position: Signature: Date: DD/MM/YYYYYY