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Department of Revenue and Customs
Ministry of Finance
Royal Government of Bhutan

GST Registration Form

(Bhutanese Individual on their Bonafide Transfer to Bhutan)

Application Date:

Check Registration Eligibility

Select the registration details of the applicant you are registering.

Registration details of applicant

Select the taxpayer type of the applicant: Individual person

Are you a Bhutanese citizen or a resident? Yes No

Enter ID number

Enter the applicant's ID number below:

Enter Identification Numbers

*Citizen Identity Number:

Taxpayer Details

Please enter the taxpayer details from the application into the form below:

Regional Details

RRCO:

Taxpayer Name: (Select one as the primary name for correspondence)

Title: Dasho Dr. Miss. Mr. Mrs. Ms. Royal Highness

*First Name:

Middle Name:

Last Name:

Primary Name?

Details

*Date of Birth:

*Gender:

Male Female Other

Contact Details

Please enter the taxpayer's contact details from the application into the form below:

Present Address: (Select one as the primary address for correspondence)

*Address:

*Gewog:

*Dungkhag:

*Dzongkhag:

Primary address for correspondence

Permanent Address

*Address:

*Gewog:

*Dungkhag:

*Dzongkhag:

Primary address for correspondence

Phone Types: (Select one as the primary phone number for correspondence)

Mobile Business

***Mobile Phone:** Country Code #

Primary phone?

Business Phone: Country code #

Primary phone?

Email Types: (Select one as the primary email for correspondence)

***Primary Email** Primary Email?

Secondary Email Primary Email?

Additional Details

Please enter the taxpayer's additional details from the application into the form below:

Registration Questions

Marital Status:

*Source of Income: Cash Crop Dividend
 Rental Salary
 Other

Select Tax Types

Select the tax types for registration:

Tax Types : Goods and Services Tax Refund

Effective date of registration:

***Bank Account Details**

*Bank:

*Branch:

*Name of Account Holder:

*Account Number:

*Account Type:

Additional Documents Relieving/Transfer order Any supporting documents

Declaration:

I/We hereby declare that the information provided in this document is true, complete, and correct to the best of my/our knowledge and belief. In case the declaration, information, or documents are found to be untrue or fraudulent, I/we shall be liable for administrative penalties, offences, or prosecution under applicable laws.

Name of Person:

Designation/Position:

Signature:

Date: