

H.M. GOVERNMENT OF GIBRALTAR MINISTRY OF FINANCE INCOME TAX OFFICE St Jago's Stone Block 331 Main Street Gibraltar

Tel: 200 74874 Fax: 200 51621 Email: selfemployed@gibraltar.gov.gi

TAXI DRIVER/RENTAL APPLICATION FOR REGISTRATION AS A SELF-EMPLOYED PERSON (S3)

Please complete this form in CAPITALS

Personal Details
Title First name
Surname
Sumane
Maiden name (if applicable)
Nationality Date of birth
d d m m y y
Home address
Spouse's full name
Contact phone number(s)
Email address
Taxpayer reference number. (If previously employed in Gibralta will be the Tpr. No. displayed on the top right hand corner of your la
PAYE allowance certificate).
Previous Employment History
Name of last employer
Data commonand Data of termination
Date commenced Date of termination
d d m m y y d d m m y y
f date of termination was over 3 months ago please give details
of your status during this period.

All sections must be completed

If you are employed as well as working for yourself

If you have any paid employment in addition to being selfemployed please enter your employer's name and address.

Employer

Company Directors and Shareholders

If you are a director or a shareholder of any limited company please give full details.

Company name

Post held

Taxi Details

Taxi Licence Number

Full name(s) of Taxi Owner(s)

1.

2.

Date of ownership of licence.

1	

2.

Full name of Taxi Driver

Full name of Second Taxi Driver (if any)

Taxi Licence Rentals

This section is to be completed by Taxi licence owners only.

Do you rent out your taxi licence? (Please tick as appropriate)

Permanently	Occasionally	Never

If the licence is rented out how much is the <u>weekly</u> rental income? If there is more than one owner please specify how much is received by each owner.

Name(s) and amount.

1.	2.
£	£

_ _

Drivers Details

This section must be completed by all taxi drivers including owner/drivers.

Date of commencement as a taxi driver.

How many hours, on average, do you work on a weekly basis?

How much weekly rent do you pay to the licence owner(s)?

Please allow at least 5 working days for this office to consider this application. Unless you hear from us within this period, you are then required to register at the Ministry of Employment.

FOR OFFICIAL USE ONLY

Taxpayer Ref: _____

Social Insurance Code: _____

Application Approved: Yes / No

Once the Ministry of Employment approves your registration, the Income Tax Office will send you via mail a pack containing all necessary documents.

Reason for non-approval:

Officer's Signature:

Date:

Documentation Required

Please supply one of the following documents when handing in this application:

Passport or Identity Card

Declaration

I declare that to the best of my knowledge and belief the particulars given on this form are correct and complete.

Signed

Date