

First Time Application for Registration Form

NAME OF OWNER		OWNER CONTACT	
OWNER'S ADDRESS		Office phone number	Mobile phone number
PROPERTY MAILING ADDRESS			
FAXPAYER ACCOUNT (13 DIGIT TI	N)		
Please submit the TIN, the Tourism Levies will be	remitted under. Your TIN is availabl	e from https://tamis.bra.gov.bb/	·.
MANAGER'S NAME (IF DIFFERENT	FROM ABOVE)		
ROPERTY TYPE		PROPERTY NAME	
Hotel, Apartment, Guest House, Vaca	tions Rental)		
PROPERTY ADDRESS (IF DIFFEREN	T FROM THE ABOVE)		
Individual O Partnership	Company		
No. of Units	No. of Bedrooms	A	verage rate (\$ USD per night)
PROPERTY / MANAGER CONTACT	DETAILS		
ce phone number		Mobile phone number	
imail		Fax	
APPLICANT'S NAME			

Terms of Submission

Please note that all applications can be submitted online for faster processing. However, a signed electronic or physical copy must be submitted to the Product Quality Unit. Please see the address and contact details below.