



**Government of Anguilla - Inland Revenue Department**  
**Form F1**  
**Individual Form**



(Use this form to register or update the particulars of an individual person)

**Section A - Purpose (Select one)**

- Register an individual - Complete all sections.
- Modify the information of an existing individual - Complete sections B and F and sections relating to the change.
- Register the death of customer: Complete sections B and C including the deceased date.
- TIN only

**Section B – Personal Information**

TIN (if registered)	Identification (Provide at least one)*
First Name *	Passport Number
Middle Name(s)	Anguilla Social Security Number
Surname*	Driver's License Number
Birth Name* <input type="checkbox"/> Use Surname	Date of Birth (dd-mm-yyyy) *
Place of Birth*	Country of Birth*
Nationality:	Occupation (profession):
Gender:* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Deceased Date (if applicable) (dd-mm-yyyy):
<b>Resident (Select one)*</b>	
<input type="radio"/> Belonger / Anguillian	<input type="radio"/> Resident by investment
<input type="radio"/> Anguillian non-resident	<input type="radio"/> Residence stamp
<input type="radio"/> Permanent resident	<input type="radio"/> Student permit holder
	<input type="radio"/> Work permit holder
	<input type="radio"/> Other non-resident (please specify) _____

### Section C – Address Information

Home Address		
Country *	Street *	P. O. Box
Region	Postal code	City
Contact information		
Contact person name	Telephone number	Mobile number
Fax number	E-mail address	Starting date( dd-mm-yyyy)*

### Section D – Representative

Representative name:
Reason for Representation: <input type="checkbox"/> Individual is a minor <input type="checkbox"/> Individual is disabled <input type="checkbox"/> Individual is non-resident <input type="checkbox"/> Other (please specify) _____
Type of Representation: <input type="checkbox"/> Parent <input type="checkbox"/> Accountant <input type="checkbox"/> Lawyer <input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Other (please specify): _____

### Section E – Certification

I hereby certify that the particulars provided in this application form are true and correct in every detail and that I shall be liable for any act done or omitted.		
Name *	Signature *	Date*

### Official Use Only

Received By		
Name of Officer	Signature	Date
Captured By		
Name of Officer	Signature	Date
Verified By		
Name of Officer	Signature	Date