



# Registration for general insurance duty

## DETAILS OF FINANCIAL INSTITUTION

Tick the box that applies and enter details below.

- Company, Association etc *Give full name as incorporated.*
- Natural person *Give family name and given name(s).*
- Partnership or Joint venture *Give full name of each partner.*
- Partnership of Companies *Give full name of each partner as incorporated.*
- Trustee *Give full name of trustee and trust.*

Name(s):

ABN(s):

Business/trading name(s):   
*(if applicable)*

Business address:   
  
 Postcode:

Postal address:   
*(if the same as business address write 'as above')*  
 Postcode:

Contact person:

Telephone no:  Facsimile no:

Email address:

Date of commencement of business in the Northern Territory  /  /

Was the business acquired as a going concern?

No  Yes

Name and address of the previous owner

Date of acquisition  /  /

Do you wish to pay your general insurance duty by electronic funds transfer (EFT)?  Yes  No

## DETAILS OF INSURANCE PREMIUMS

Please supply details of the total gross premiums received from every general insurance policy or renewal for the current financial year.

Month	Total premiums received	Month	Total premiums received	Month	Total premiums received
July	\$	November	\$	March	\$
August	\$	December	\$	April	\$
September	\$	January	\$	May	\$
October	\$	February	\$	June	\$
				<b>Total for Year</b>	<b>\$</b>

Please supply details of the total gross premiums for the four previous financial years (if applicable).

Financial year		Total gross premiums excluding indemnity policies issued prior to 1 July 2000
From: / /	To: / /	
From: / /	To: / /	
From: / /	To: / /	
From: / /	To: / /	

## DECLARATION

I,  certify that the details contained herein are true and correct in every particular.

(print full name)

Signature (Public officer/Authorised person)

Date

### PRIVACY STATEMENT

The information requested in this form is required by law to register you for the payment of stamp duty on general insurance policies. It is an offence under the *Taxation Administration Act* to provide information that you know is false or misleading (maximum penalty 400 penalty units - currently \$44 000). The information contained in this form may be communicated to persons authorised under the Act. You may review or correct any personal information provided by contacting Territory Revenue Office.

**NOTE:** This application is made for registration as a General Insurer in accordance with Part 3, Division 6 of the Northern Territory *Stamp Duty Act*.