



Registration for life insurance duty

DETAILS OF LIFE INSURER

Tick the box that applies and enter details below. The life insurer is a:

- 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):

Business address:
(if applicable)

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? Yes No

If yes, name and address of the previous owner

Date of acquisition:

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

TERRITORY REVENUE OFFICE

DETAILS OF INSURANCE PREMIUMS

Please supply details of the total sums insured and premiums received for temporary or term policies for the current financial year.

Month	Total sum insured of all policies other than temporary or term policies	Total of first years premium for all temporary or term policies	Month	Total sum insured of all policies other than temporary or term policies	Total of first years premium for all temporary or term policies
July	\$	\$	January	\$	\$
August	\$	\$	February	\$	\$
September	\$	\$	March	\$	\$
October	\$	\$	April	\$	\$
November	\$	\$	May	\$	\$
December	\$	\$	June	\$	\$
				Total for Year	\$

Please supply details of the total sums insured and premiums received for temporary or term policies for the four previous financial years (if applicable).

Financial year		Total sum insured of all policies other than temporary or term policies	Total of first years premium for all temporary or term policies
From: / /	To: / /	\$	\$
From: / /	To: / /	\$	\$
From: / /	To: / /	\$	\$
From: / /	To: / /	\$	\$

DECLARATION

I, (print full name)

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

Signature (Public officer/Authorised person)

Date

NOTE: 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 \$52 000).

PRIVACY STATEMENT

The information requested in this form is required by law to register you for the payment of stamp duty on life insurance policies. 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 Life Insurer in accordance with Part 3, Division 7 of the Northern Territory *Taxation Administration Act*.