Government of the Macao Special

BUSINESS TAX

No need to fill in this field for new				
registration, as the number will be assigned				
by the Macao Tax Department. In other				
circumstances, please refer to the Business				
Tax - Tax Demand Note or the Profits Tax -				
Tax Demand Note for the relevant				
information, or contact the Service Centre 2,				
the Macao Government Services Centre in				
Islands, or the Macao Government Services				

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Administrative Region		DUSHALSS IAX	circumstances, please refer to the Busines Tax - Tax Demand Note or the Profits Tax	
Financial Services Bureau	NEW REGISTRATION / AMENDME		Tax Demand Note for the relevar information, or contact the Service Centre 2	<mark>2, </mark>
7		ease read the instructions carefully before filling in t	the Macao Government Services Centre i Islands, or the Macao Government Service	
1 Taxpayer's identification, h			Centre for enquiries.	
Name / Company name Legal	person (company or o	or) – please fill in the name (e.g. Leong Kuai). other organization) – please fill in the name as it company establishment or amendment (e.g. ABC	Taxpayer no.	
Firm nameCo. Lt		company establishment of amendment (e.g. Abo		
with no	commercial registration	as registered with the Commerce and Movable Property Registry in accorn).	ordance with the law (no need to fill in this	field for sole proprietors
	JAI KEI E. I.)		us date of the surrent identity decurrent (Massa ID as other form
	lentity document)	dentity document used for this registration, filling in the numbers and issu	de date of the current identity document. (6	s.g. Macao ID of other forms
- For natur	al persons (sole proprie	etors), please specify the head office. For those		Macao
- For lega		please fill in the domicile. or other organizations), please specify the	Street	Taipa
	omplete the form in eit	ther one of the official languages, Chinese or Telephone	code	Coloane
2 Name of business establishmen	at and business locatio	on		
Business name in Chinese Wri	te down the English bus	can explicitly describe the nature of business to be carried on (e.g. ABC siness name, if applicable, on the second line of this section (The Chines		
- Do		. for wordings that describe business activities to be carried on by yo names, written in different languages, should correspond to each other.		
- Bus	siness Tax Registration		, ,	
refe	er to the Business Tax -	 - Tax Demand Note for information, or contact the Service Centre 2, therefore the services Centre for enquires. 		Macao
- A s		be submitted in duplicate for each business establishment. in either one of the official languages, Chinese or Portuguese.		Taipa Coloane
Dunuing			code	
Nature of business or object of	contract			
DESCRIPTION OF BUSINESS AG	CTIVITIES	GENERAL TABLE OF BUSINESS ACTIVITIES	PRIMARY (P) OR	
- Please fill in the type of business		BUSINESS ACTIVITY CODE	SECONDARY (S BUSINESS ACTIVITY)
activities to be conducted by refer to the classification of the gen- table of business activities of	<mark>eral</mark>	INITIAL SIGNATURE OF PERSON FINAL CLASSIFICATION (2) IN CHARGE (3) CLASSIFICATION (4)	MACAO BUSINESS	SIGNATURE OF PERSON IN CHARGE (6)
Business Tax Regulation (e.g.			
wholesaler, garment industry, impand export, etc.).				
Please	specify your choice by	placing either		
	or " X " besides item ed in this section (for			
items	f new business establis 1, 2 and 2.1; for ca	ancellation of J		
4 Type of declaration change	ss establishment, select of mailing address, so in "Change of mailing a	select item 9		
1 Registration of new tax		3 Alteration of taxpayer's address	9 Others	
2 Registration of new bus	iness establishment	4 Alteration of business address	Cancellation of business es	stablishment
2.1 Start of business	X	5 Alteration of business name	Transfer of business	
2.2 Transfer of existing acquisition or merge		6 Addition of new business activities	10.2 Alteration of compan	у
Please specify the previous Bu	siness Tax Registratio	on no. 7 Cancellation of existing business activities	Others	
		8 Suspension of business		
		Expected date of//		
		resumption of business		
5 Expected commencement of	late or date of altera	ation 6	Stamp of Macao Tax Department a	nd date of receipt
Please specify the environment	Date/_	/		
 Please specify the expected date of the date of application for amendme 		leilt of		
	INPU	JTTED		
Provisional classific	cation	Final classification		
/		//		

For taxpayers without a permanent business establishment in Macao	SAR			
Taxpayers who do not have a permanent business es	stablishment in Macao SAR but are carrying out business activities			
	le the following information (Article 9 of the Business Tax Regula-			
tion):				
NAME OF THE CONTRACTING PARTY	For any business entity without a permanent establishment in Macao SAR but which is going to conduct engineering activities, or			
	to provide consultation services to local businesses, the taxpayer must provide the relevant information in this section.			
TAXPAYER NUMBER	 Please specify the information of the other party (person or company) involved in your contract relationship. 			
	- Taxpayer no Name / Company Name.			
Name / Company Name	- Head office / Domicile / Building / Telephone.			
Head Office / Domicile	Macao			
Tread office / Dofficine	Taipa			
Building	Telephone Coloane			
20.1	capital: please specify the start-up			
- Current	of the company. t capital: please specify the latest			
change	of the company, especially after s in capital.			
Initial capital	Current capital			
9 Licences - If any administrative license is a	required			
please place either a " V " or " X "				
1 Macao Economic Services the government body issuing the lice	cense. 4 Civic and Municipal Affairs Bureau			
2 Macau Government Tourist Office	5 Social Welfare Bureau			
Health Bureau	6 Others			
40 M. II				
Mailing address for correspondences and notifications				
Taxpayer address - Please select the correspondence addr in this section.	Business address			
Other - Please place either a " V " or " X "	" to			
- If "other" is selected, please fill in the lo	ocal			
address or local postbox in this section.				
	Street			
	code			
11 Other means of contact (optional)				
Mobile phone no.	Language Chinese			
	Language Chinese			
Email	Portuguese			
Update contact information Yes	No			
40 04 14 7				
12 Other details				
	- Please place either a " ✓ " or " X " next			
	to the message language box, indicating you choice of receiving tax message via			
- Please fill in other specifications.				
SIGNATURE NOTARIZATION	13 ALL OF THE INFORMATION DECLARED IS TRUE AND CORRECT			
	AND NO REQUESTED INFORMATION HAS BEEN OMITTED.			
	DED CONTINUOUS OF THE PATTERNALOE			
	PERSON IN CHARGE OF THE ENTERPRISE			
	Besides properly signing the form, the			
enterprise's person in charge must write down his/her full name in block letters and fill				
in the date when completing the form. (Please note: signature must be notarized				
	before submission).			
	Date			