	for official use only Application # -
GOVERNMENT OF BERMUDA Ministry of Finance	for official use only Certificate # -

Office of the Tax Commissioner

APPLICATION FOR PRIMARY FAMILY HOMESTEAD DESIGNATION

(A separate application must be completed for each person making a designation) COMPLETE FORM IN BLOCK CAPITAL LETTERS

		<u>SU</u>	RNAME	FORE	NAMES		
1.	Applicant's full legal name (list any other names Applicant ommonly known as or recorded under even if in error)	"aka"					
2.	Applicant's date of birth, <i>and</i> confirmation of Bermudian status (circle applicable response)	DAY	<u>MONTH</u>	<u>YEAR</u>	YES	NO	
3.	Applicant's current address						
		house name and/or unit no. / apt no.					
		nouse numoe	<i>i i juli uuui</i> ess				
		parish and p	ostal code		NU	MBERS	
4.	Applicant's E-mail address and telephone numbers		<u>E-mail addre</u>	<u>ss</u>	(h) -	(h) -	
	•••••P=====				— (w) -		
					(c) -		
5.	Contact person's full name, E-mail		<u>NAME</u>			<u>MBERS</u>	
	address and telephone numbers		E mail addus		(h) -		
	(for collection if different from Applicant)		<u>E-mail addre</u>	<u>55</u>	(w) -		
					(c) -		
6.	Address of property to be designated including:						
a)	House Name and Unit /Apt number	house name and/or unit no. / apt no.					
b)	(if applicable); House Number and FULL address,	house number / full address					
	(street, lane, road) and;	nouse number / juit uuuress					
c)	Parish and Postal code.	parish and postal code					
7.	Details of any planning applications approved or pending in the Bermuda Government Department of Planning for sub-division of the property that is the subject of this Application						
8.	List all assessment numbers	ASSESSMENT NUMBERS		ASSESSMENT	ASSESSMENT NUMBERS		
	allocated to each dwelling unit on the						
	property						
0	Data and data in strength f						
7.	Date and details of proof of Applicant's ownership <i>(refer to required documents overleaf)</i> when Applicant acquired most recent interest or ownership in the property. (Specify nature of interest	Date of own	-	myengaree voluntee		i.e. sole, ¼, ½, etc	
	held eg. ¹ / ₄ , ¹ / ₂ , joint tenancy or tenancy-in-common)	Deed (i.e. conveyance, voluntary conveyance, lease etc.)					

10. Name all other owners of the residential property in respect of	<u>SURNAME</u>	<u>FORENAME</u>	TYPE OF INTEREST HELD
which the Application is being made. (only complete if applicable)			
Specify the nature of interest held			

Required Supporting Documentation and Fee

The following must be submitted with this Application:-

1. A non-refundable fee of \$28.00 payable either by cash or cheque. (As of 1st April, 2023)

2. <u>Certified copies</u> of the documentation listed below:

- a. Most recent title deed proving the ownership of the designated property by the Applicant. This could include the following: A deed of conveyance, voluntary conveyance, lease, assignment of lease, or a will.
- b. Lot plan (official drawing of property being designated) attached to documentary proof of ownership.
- c. Birth Certificate.
- d. Government-issued photo identification of the Applicant such as a driver's licence, voter's card or senior's card.
- e. The following excerpts of the Applicant's Bermuda passport:
 - i. Photo page,
 - ii. Page showing name, date of issue etc. of passport holder, and
 - iii. Page with the stamp endorsed by the Department of Immigration of the Government of Bermuda certifying the passport holder has Bermudian Status.
 - f. Proof of change of name (if applicable) such as Marriage Certificate, Deed Poll, etc.
- g. If the Applicant does not possess excerpt f(iii), they must submit instead a Certificate of Bermudian Status or a letter from the Bermuda Government Department of Immigration confirming Bermudian Status.

If the Applicant is not in possession of any of the above documentation, the Tax Commissioner may request alternative documentation.

I hereby declare that all the information contained in this Application is true to the best of my knowledge and belief.

Print Full	Name	(Applicant	Owner)
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Signature (Applicant Owner)

Date

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Form TAXPFH1 (revised April 1, 2024) CONTACT: Office of the Tax Commissioner F.B. Perry Building, 40 Church Street, Hamilton HM 12 P.O. Box HM 1374, Hamilton HM FX Phone (441) 297-7754 – Option 5 Website: www.gov.bm