



GOVERNMENT OF BERMUDA  
Ministry of Finance

**Office of the Tax Commissioner**

Form TIT1

GOVERNMENT OF BERMUDA

TAXES MANAGEMENT ACT 1976 - SECTION 6

TRANSPORT INFRASTRUCTURE TAX APPLICATION TO REGISTER FOR TAX

|                |  |
|----------------|--|
| ACCOUNT NUMBER |  |
|----------------|--|

1. NAME OF OWNER

BUSINESS ADDRESS:

TELEPHONE/EMAIL:

MAILING ADDRESS

2. NAME OF OPERATOR

BUSINESS ADDRESS:

TELEPHONE/EMAIL:

MAILING ADDRESS:

3. NAME OF AGENT

BUSINESS ADDRESS:

TELEPHONE/EMAIL:

MAILING ADDRESS:

4. NAME OF PASSENGER SHIP (S)

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I HEREBY DECLARE THE FOREGOING TO BE TRUE TO THE BEST OF MY KNOWLEDGE:

PRINT NAME

OFFICE HELD

SIGNED

DATE

OWNER/OPERATOR/AGENT