

# FORM C

Assessment#

Code

## PROPERTY TAX APPLICATION FOR ASSESSMENT/POSITION OF ACCOUNT

(1) Applicant's Name   
(State Name of Company if Limited Company)

(2) Street Address

(3) P. O .Box  (4) Telephone No.

(5) Legal Description

(6) Name of Mortgagee

(7) Required Information Required Document

- |   |                          |
|---|--------------------------|
| (a) Written letter from owner/duly authorised agent requesting assessment | <input type="checkbox"/> |
| (b) Root of Title (showing all the owners)                                | <input type="checkbox"/> |
| (c) Subdivision approval  | <input type="checkbox"/> |
| (d) Copy of Conveyance  | <input type="checkbox"/> |
| (e) Copy of Occupancy Certificate (BEC letter of initial supply)          | <input type="checkbox"/> |
| (f) Completed Declaration Form (including Present Market Value)           | <input type="checkbox"/> |
| (g) Survey plan (with coordinates by registered Surveyor)                 | <input type="checkbox"/> |
| (h) Completed Affirmation Form for owner occupied properties              | <input type="checkbox"/> |
| (i) Bahamian status (first 4 pages of passport) <b>*see note below</b>    | <input type="checkbox"/> |

<b>Official Use Only</b>		
<u>Additional Info Needed</u>		
	Customer Service	Quality Control
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTES:** Declarations must be correct in all material details except for “Market Value” See Section 7 (5) of Act. Where an owner fails to make a return he is guilty of an offence and may be liable to a fine not exceeding \$3,000.00. Also, the tax is recoverable up to a period of 10 years in retrospect.

I hereby declare that the information given above is true and correct.

Signature of Applicant

Witness

Date

Date

**\*Declaration of 60% beneficial status for companies**

\_\_\_\_\_

Certified By

\_\_\_\_\_

Date

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**FOR OFFICIAL USE ONLY**

(1) \_\_\_\_\_  
Receiving Officers Signature

(2) \_\_\_\_\_  
Date Received

(3) \_\_\_\_\_  
Quality Control Officer

(4) \_\_\_\_\_  
Date Received