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SCHEDULE

Regulation 4(1)

FORM 1

SCHEDULE

Regulation 4(1)

insurance Premium Tax

Application for Registration

Befor	e you start, please read the Notice "Registering for IPT"	Write clearly in ink and use CAPITAL LETT	TER\$.
1	Please give your full name and your business address.	Name: Business address:	
_		Tel no: Postcod	9:
2	Please give your frading name if it is different from the name given at 1		
Only	omplete 3 If you do not have a business establishm	ent in the United Kingdom (UK). Otherwise,	go straight to 4
3 (a) Do you have a general representative in the UK who meets the requirements of Section 10 of the Insurance Companies Act 1982?	Please tick Yes □ Gn to 3(b)	
	These requirements are explained in the Natice "Registering for iPT".	Yes ☐ Go to 3(b). No ☐ Go to 3(c).	J
(b) Will your general representative be acting as your tax representative?	Please tick 🗹	-
	 If you have a general representative, that person will be your tax representative unless you nominate some other person. 	Yes ☐ Give details No ☐ Go to 3(c).	at 3(d) below.
(c	Do you wish to use this form to nominate a person to act as your tax representative?	Please tick 🗹	
	 If you already have a UK agent, you may wish to nominate that person to act as your tax representative. 	Yes Give details No Go to 4.	at 3(d) below.
(d	Please give the name and address of either the person you wish to nominate as your tax representative or the name and address of your general representative.	Name: Address:	
	 Remember to obtain written agreement from this person that they are prepared to act as your tax representative. 	Postcode Tel no: Fax no: i	3:
4	What is the egal status of your business?		
	If you are a partnership, please remember to complete Form IPT 2 as well as this form.	Please tick	
	· .	Limited Company	rom your neorporation:
		Cartificate no.	ate of certificate
		Unincorporated Body Specify type (other than partnership)	of body
CD 9678VI	RPERIOSMA	Lloyd's syndicate	J

CD 3878QANB(35%4)

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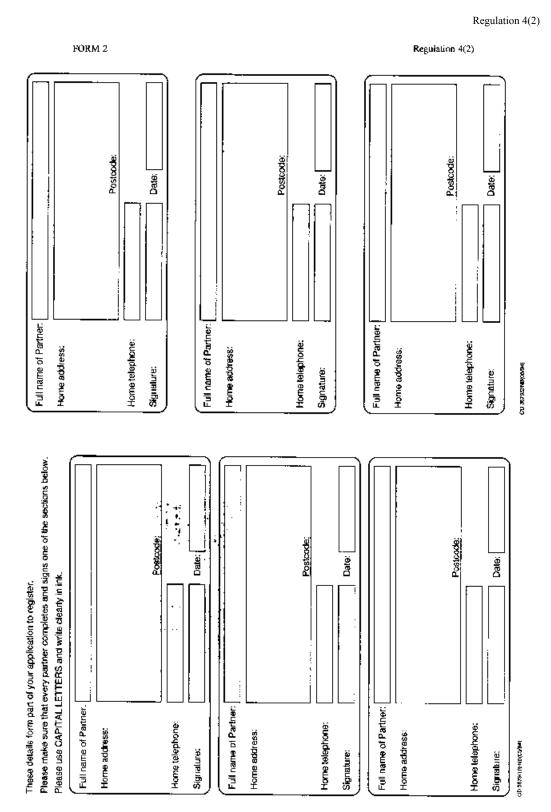
5	Do you wish to use this form to notify that you are going to use the special accounting scheme from the first of your accounting periods? (Use of the scheme is mandatory for a Lloyd's syndicate wishing to elect Lloyd's to act on its behalf).	Please lick ☑ Yes		No 🗆
Only oc	implete 6 if you are a Lloyd's syndicate. Otherwis	se go straight to 17		
6 (a)	Please give your syndicate number.			
(b)	Are you electing that Lloyd's may act for you from the first of your accounting periods?	Please tick Yes	<u> </u>	No 🗆
(c)	Are all your premiums processed through Lloyd's Policy Signing Office (LPSO)?	Please tick Yes No		Go to 5(a).
(d)	What percentage (%) of your premium income is not processed through LPSO?			%
(e)	Who will be responsible for submitting IPT returns?	Please tick Lioyd's Managing Agent		
(f)	Please give your managing agent's name and address.	Name: Address:		
		Tel no:		Postcode:
(g)	Are you involved in Mirror Syndicate activity?	Please tick 🗹		
	The state of the s	Y96		
		No.)
(h)	Are you reinsured to close?	Please tick 🗹		
	•	Yes		Give the number of the syndicate which has taken over your liability.
	5	NG		
7	Are you in run off?	Please tick 🖸		·
		Yes		No □
8	What class of insurer are you?	Please tick ☑ UK Insurer Captive		Branch of non-UK Insurer
		Other Please give details:		

3

Please turn over

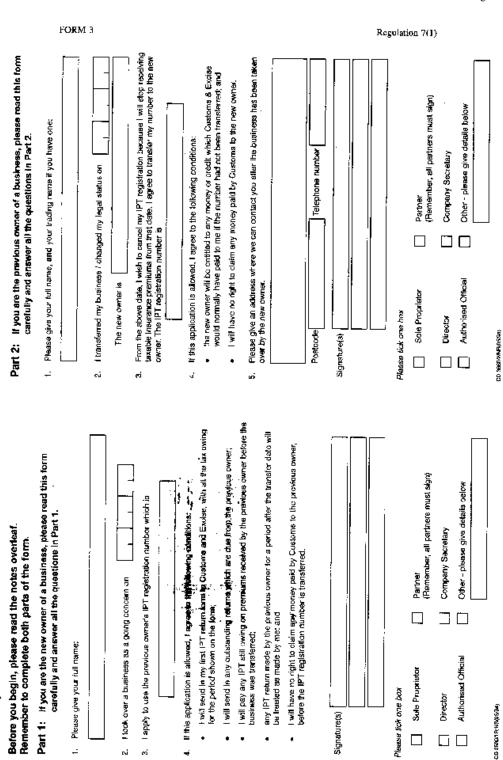
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9 (a)	Are you applying to register because a business has been transferred to you as a going concern?	Please tick Yes Give details below: Date of transfer IPT registration no. of previous owner No Go to 10.
(b)	Do you wish to keep the IPT number of the previous owner?	Please tick ☑ Yes
	 If you wish to keep the number, please remember to complete Form IPT 68. 	No
10	Premiums received on or after 1 October 1994 will be taxable. Please give the date you expect to receive your first taxable premium.	
11	What class(es) of insurance business do you intend to provide?	
	 See Note 11 in the Notice "Registering for IPT" which will help you to answer this question. 	
	 Please continue on a separate sheet of paper if necessary, and attach it to this form. 	(<u> </u>
12	Please give the total value of your faxable premium income for the 12 month period up to the date you sign this form.	actual/estimated (delete as appropriate)
	 If you do not have completely accurate figures, please give an estimate instead. 	
13	Are you registered for VAT in the UK?	Please tick 🗹
		Yes Give your VAT registration no.
_		No
14	Please indicate your preferred method of payment.	Please tick ☑
	If you wish to pay by direct debit please	Direct debit
	complete the mandate form in the Netice "Registering for IPT"	Cheque Postal order
15	Please complete and sign the declaration	Cash
10	The section of the se	Declaration
		(Amerymus to Nineme in CAPITAL LETTERS) declare that the information
		given on this form and contained in any accompanying document
	- k . *	Is true and complete. Signature Date
	i i i i i i i i i i i i i i i i i i i	Please tick
		Sole progretor Partner Director
		Company Authorised Other Secretary Official Plasse give
		detalls below
For o	fficial use only	
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		roved - Initials/date
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S) C0-0620000		er of approvel Issued I



FORM 3

Regulation 7(1)



Regulation 12(1) FORM 4 Regulation 12(1) Insurance Premium Tax Return ^İFor Official Uşe For the period to IPT Registration number Period You could be liable to a financial penalty If your completed return and all the IPT payable are not received by the due date. Due date: For official DOR Before you fill in this form please read the notes on the back. Fill in all boxes clearly in ink, and write 'none' where necessary. Don't put a dash or leave any box blank, if there are no pence write "00" in the pence column. Do not enter more than one amount in any box. For official use IPT due for this period Underdeclarations from previous periods ardeclarations from previous periods e value of taxable premiums (excluding tax) Special accounting scheme - please tick this box if you are using the special accounting scheme où are enclosing DEGLARATION: You, or someone authorized by you, in its sign ballow. declare that the Aftername of signate your plotter LEFT FIRS) information given above la true and complete ..Date: A talse declaration can result in prosecution.

FORM 5

IPT 100

Об визомистемы

Regulation 12(2)

FORM 5

Regulation 12(2)

HM Gaders and Dates	loyd's Composite IPT Return for Syndicates For the period to	For Official Use
	•	Period
		You could be liable to a financial penalty if your completed return and all the iPT payable are not received by the due date.
		Due date:
od l'ere		For official use D O R only
		·
Fill in all boxes dea	this form please read the notes on the back, arly in ink, and write 'none' where necessary. Do "" in the pence column. Do not enter more than	on't put a dash or leave any box blank. If there are
For official us		
İ	1 IPT the for this period. 2 Underdacterations (non-the arto) is 3 Total (the sum of boxes 1 at 22)	28 (008) 3 (00) 4 (0
	4 Cylerdesia ettans (ram pravicus;	66.038.000.000.000.000.000.000.000.000.000
	5 No tax peyabasa sayay Este (the	Millerer (g. berwed)
	6 Net value of texable themsums to	rickleding task
* A/46 A/60 (A/60)))))))))))))))))))))))))))))))))))	:	
apsyment blease	Intermation given above is true and complete	COM LEST ERRE)
IPT 100L comes	440,094;	

Regulation 12(2)

FORM 6

Regulation 12(2)

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	Net value of taxable premiums (excluding tax)	.			_ - -	- -						!			 	
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1	Net tax payable/repayable (the difference between columns 3 and 4)	.3						 ! :								
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	Saration previou fods 4													·		
	Overdedarations from previous periods 4															
		¥														
	IIS I	<u>a</u>						L_								
	Fotal (sum of columns 1 and 2)	દ્ય														
	tions	4														
	Underdeclarations from previous pergas	4								— —			· - -			
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	9 8 8 3	•	<u>.</u>			<u>. </u>	<u> </u>			i 						
	PT due for this pages			ľ							-					
		u														
	IPT registration number			:												Totals
	loyd's malcate umber															

Lloyd's Composite Return - Schedule of Participating Syndicates Insurance Premium Tax