



Company Requesting Voluntary Strike-Off

This form should be completed by all companies requesting strike-off from the Guernsey Registry. Depending on the responses given on the form, the Director may request further information or require the company to submit an income tax return, accounts and income tax computations.

All completed forms should be emailed to revenueservice@gov.gg with a subject header of "Company requesting strike-off".

1. COMPANY INFORMATION		
Company Name		
Tax Reference Number		
Registered Address	Post Office Box <i>(optional)</i>	
	Suite <i>(optional)</i>	
	Floor <i>(optional)</i>	
	Building Name/Number	
	Street	
	City	
	Country	
	Post Code	
Contact Name		
Daytime telephone number		
E-mail Address		
Date company requested strike-off from Register		

2. CERTIFICATE

Please tick which certificate applies. **If the company can't complete Certificate 2 or 3 then Certificate 1 must be ticked.**

- | | | |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | If this Certificate is ticked, a tax return must be completed and the relevant accounts and computations should be provided to the date of strike-off. |
| 2 | <input type="checkbox"/> | The company did not trade, had no assets other than those relating to incorporation and no income from any source whatsoever; or only owned Guernsey property from which no income was received. |
| 3 | <input type="checkbox"/> | The company has no Guernsey employees (other than directors), no Guernsey resident beneficial members, no income taxable at 10%/20%, no qualifying loans to Guernsey resident participators and hasn't made a request under section 62AB(1)(a) of the Law. |

3. REQUIRED INFORMATION

This form can't be processed, and confirmation of the tax position sent, without this information.

Has the following been submitted:	Yes	No	Submitted Online	N/A
Outstanding tax returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outstanding accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outstanding computations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant remittance (assessments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outstanding distribution returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant remittance (distributions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outstanding ETI returns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant remittance (ETI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'no' to any of the above questions, please provide further information:

Any further relevant information:

4. OTHER REPORTING REQUIREMENTS

Is the company the reporting entity for country by country reporting?

Please go to www.gov.gg/cbcr for more information

YES ☐ NO ☐

Is the company required to submit information for either of the following: FATCA

YES ☐ NO ☐

Common Reporting Standard

Please go to www.gov.gg/crs for more information

YES ☐ NO ☐

5. SUBSTANCE

Does the company carry out any of the following relevant activities? Please tick all that apply:

Banking

☐

Head Quartering

☐

Finance & Leasing

☐

Insurance

☐

Fund Management

☐

Shipping

☐

Distribution Centre

☐

IP Holdings

☐

Service Centre

☐

Pure Equity

☐

6. DECLARATION

The person signing this declaration should be fully aware of the circumstances of the company, and either hold an appropriate position in the applicant's business with sufficient authority to make the declaration or have authority to deal on the applicant's behalf.

I hereby declare that the information I have given in this application is correct and complete to the best of my knowledge and belief.

Signature..... Date

Printed Name

Position.....

FAIR PROCESSING NOTICE:

The information you have provided on this form is required under the Income Tax (Guernsey) Law, 1975 for the purposes of the assessment and collection of income tax. This information will be processed in line with the Data Protection (Bailiwick of Guernsey) Law, 2017. For full details of our Fair Processing Notice and how we look after your data please visit: <https://www.gov.gg/revenueservice>. If you don't have access to the internet please contact us and a paper copy will be provided.

FOR OFFICE USE ONLY:

Have all outstanding returns been submitted? YES ☐ NO ☐ N/A ☐

Has all outstanding debt been paid? YES ☐ NO ☐ N/A ☐

Has the case been brought up to date? YES ☐ NO ☐ N/A ☐

Date made inactive, and registry advised:

Comments

Signature..... Date

Name.....

Form 713 (05/21)

Revenue Service, PO Box 37, St Peter Port, Guernsey, GY1 3AZ

Tel: +44 (0) 1481 225700 E-mail: revenueservice@gov.gg Website: www.gov.gg/revenueservice