



NEW ARRIVALS/RETURNING TO GUERNSEY

(PLEASE COMPLETE IN BLOCK CAPITALS)

If you have previously lived or worked in Guernsey or Alderney before please provide:

Your Guernsey Social Insurance number, if known:

Your Guernsey tax reference number, if known:

PART 1 – PERSONAL DETAILS

1.1	Forename(s):						Surname:					
1.2	Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>					
1.3	Previous name(s):											
1.4	Date of Birth:	D	D	M	M	Y	Y					
1.5	Guernsey address:										
	Post Code:										
	Telephone Number:										
	Email address:										
	<i>By providing an email address you agree to receive digital communication from the Revenue Service</i>											
1.6	Is your spouse in Guernsey with you? If 'Yes' complete the next section. If 'No' continue to 2.1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
	Spouse Forename(s):										
1.7	Spouse Surname:										
	Date of marriage/civil partnership:	D	D	M	M	Y	Y					

PART 2 – RESIDENCE DETAILS

2.1	What date did you arrive in Guernsey?:	D	D	M	M	Y	Y
2.2	Are you returning to Guernsey?: If 'No' continue to 2.3 If 'Yes' when did you last reside here?: If you left Guernsey this year or last year did you work whilst you were away?:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
		D	D	M	M	Y	Y
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If 'Yes' please let us know when you worked and provide details of your income, showing each calendar year separately: If 'No' how did you support yourself whilst away?: 							
2.3	Will you be staying in Guernsey for 3 months (i.e. 90 midnights) or less?: <i>If 'Yes' please let us know if you end up staying longer</i> If 'No' do you intend to reside here permanently?: If you are not here permanently, what date do you plan on leaving Guernsey?:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
		D	D	M	M	Y	Y
2.4	Which country have you come from? Have you ever paid Social Insurance contributions in that country?: If 'Yes' please state your insurance number for that country:..... Are you paying contributions to any other country?: If 'Yes' please state to which country you are paying:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
2.5	Your last address before moving to Guernsey: Post Code:						

PART 3 - EMPLOYMENT DETAILS (to be completed by all applicants commencing employment)

3.1	Your occupation or the nature of the work you are about to be engaged in:						
3.2	Employer's name:						
	Employer's address:						
						
	Post Code:						
3.3	Employment start date:	D	D	M	M	Y	Y
	Is this employment temporary?:	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
	If 'Yes' what is the expected duration of the employment:						
3.4	Are you working in partnership with your husband or wife:	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
3.5	Are you paid through a limited company of which you are a shareholder/beneficial member?:	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
	If 'Yes' please provide the following:						
	Name of the company:						
	Your shareholding:						
	<i>Please note that if you hold a 50% or greater shareholding in a limited company you will be considered self-employed for Contributions purposes and should also complete Part 4 of this form</i>						
3.6	Are you paid through an agency or company not resident in Guernsey?:	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
	If 'Yes' please provide an estimate of your income in Part 6 of this form from your date of arrival to 31 st December or your date of departure, whichever is first						

PART 4 – SELF-EMPLOYMENT DETAILS (to be completed by applicants commencing self-employment)

4.1	Date you started self-employment:	D	D	M	M	Y	Y
4.2	Nature of self-employment (e.g. builder/gardener):						
	Trade name (if trading in your own name write 'self'):						
	Name of business partner(s) if applicable:						
4.3	Address of business (if different to home address):						
						
						
	Post Code:						

4.4	Is the business full or part-time?	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>						
4.5	To what date will your first account be prepared?	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>		D	D	M	M	Y	Y
D	D	M	M	Y	Y				
4.6	Name of accountant dealing:								
4.7	Do you employ anybody?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
If 'Yes' please complete a 'New Employer Registration' form									

PART 5 – NON-EMPLOYMENT DETAILS

(to be completed by applicants who are non-employed or over pension age)

5.1	Do you have a beneficial interest in an investment or Guernsey property holding company?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
If 'Yes' please provide the following:									
Name(s) of the company/companies:									
Your beneficial interest:									
5.2	If you are under pension age with income below the annual lower income limit of £21,190, would you like to pay contributions at the voluntary rate of £24.67 per week?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
If 'Yes' please state the date you would like to pay from:									
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>				D	D	M	M	Y	Y
D	D	M	M	Y	Y				
<p><i>Please note that voluntary contributions will count for pension purposes only. Your entitlement to claim short-term benefits (such as incapacity) may be affected as a result of a non-employed contribution classification</i></p>									

PART 6 – INCOME AND CLAIM FOR ALLOWANCES

6.1 Please provide an estimate of income from any of the following sources, The estimates for 2023 should be from your date of arrival to 31st December. **This section must be completed.**

	2023	2024
(a) Employment
(b) Business
(c) Pensions
(d) Bank/Building Society Interest
(e) Guernsey rental income
Is property let furnished?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Where is the property situated?: Guernsey <input type="checkbox"/> UK <input type="checkbox"/> Overseas <input type="checkbox"/>		
(f) Income from trusts/settlements
(g) Distributions from companies
(h) Other (e.g. investment income). Please provide details of each source:		
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.....
.....

6.2 If you are a lone parent (not cohabiting) and wish to claim the charge of child allowance, please provide details of any children for who you will receive Guernsey Family Allowance this year:

Surname	First name(s)	Date of Birth			Estimated income of child
		Day	Month	Year	

6.3 Interest claimed – *interest paid to a bank must not include commission or any other charges added by the bank*

	Name and address of lender	Estimate of interest payable from date of arrival to 31 st December
Mortgages		
Business loans		

Generally relief will only be available for interest paid on:

- mortgages relating to a principal private residence in Guernsey but only on the first £400,000 of the mortgage
- loans relating to let properties
- loans that are taken out for certain business purposes

For more information see The Income Tax (Tax Relief on Interest Payments (Guernsey) Ordinance, 2007), as amended

Signature:	Date:
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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 and the Social Insurance (Guernsey) Law, 1978 for the purposes of the assessment and collection of contributions. 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.

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