

## First Time Application for Registration Form

NAME OF OWNER		OWNER CONTACT	
PROPERTY MAILING ADDRESS LINE 1		Office phone number	Mobile phone number
PROPERTY MAILING ADDRESS LINE 2			
TAXPAYER ACCOUNT (13 DIGIT TIN)			
Please submit the TIN, the Tourism Levies will be remitted	d under. Your TIN is available fror	n https://tamis.bra.gov.bb/	
CONTACT DETAILS OF PERSON/COMPA	NY SUBMITTING TOUR	ISM LEVIES TO BRA:	
MANAGER'S NAME (IF DIFFERENT FROM	ABOVE)		
PROPERTY TYPE		PROPERTY NAME	
🔵 Hotel 🔵 Apartment 🔵 Guest Ho	use 🔵 Vaction Rental		
PROPERTY ADDRESS (IF DIFFERENT FRO	OM THE ABOVE)		
OWNERSHIP STYLE			
Individual OPartnership	Company		
No. of Units	No. of Bedrooms		Average rate (\$ USD per night)
PROPERTY / MANAGER CONTACT DETA	ILS		
Office phone number		Mobile phone number	
Email		Fax	
Please ensure that you have completed this form in its e APPLICANT'S NAME	ntirety		
SIGNATURE		DATE	

Please note that all applications can be submitted online for faster processing. However, a signed electronic or physical copy must be submitted to the Product Quality Unit. Please see the address and contact details below. Product Quality Unit | Barbados Tourism Product Authority | 2nd Floor One Barbados Place | Warrens, St. Michael Tel. no. 535-3700 | Email: PQ@VISITBARBADOS.ORG