



# Registration Status Enquiry

## Insurance Premium Tax

Foreign Enterprises

### Why this form?

Taxable persons can use this form to sign up for the insurance premium tax. We will use your information to first determine if you need to pay insurance premium tax.

#### Privacy

We treat the data of citizens and companies and your privacy with care. Please visit [belastingdienst.nl/privacy](http://belastingdienst.nl/privacy) and see how we do this.

#### Fill in and send

Please use a computer to fill in the form completely, and then send the completed and signed form to:  
Belastingdienst/Kantoor Arnhem  
Assurantiebelasting  
Postbus 9007  
6800 DJ Arnhem

### 1 Identification

1a Name of the enterprise

#### Business address of the enterprise

Address

Postal code and city

Country

Telephone number

Email address

#### Registered office

Address

Postal code and city

Country

Name of contact person

Telephone number

1b Are you a sole trader?

Yes. Give details below.  No. Go to question 2.

Surname

Initials

Residential address

Postal code and city

Country



## 2 Designation of authorized person for correspondence

- 2a Do you have an authorized person acting as your representative for the Dutch Tax Department?  No. Go to question 2c.  Yes. Give details below.

Name

Address

Postal code and city

Country

Name of contact person

Telephone number

Email address

- 2b Is this the address to be used for all correspondence?  No  Yes
- 2c Which language do you prefer for all standard correspondence?  Dutch  English (**NB:** not all documents are translated)

## 3 Legal form of the enterprise

- 3a What is the legal status of the enterprise?

- 3b When was the enterprise established? (dd-mm-yyyy)

## 4 Registration in the Netherlands

- 4a Are you registered or have you previously been registered with the Dutch Tax Department?  No  Yes, under number
- 4b Are you registered with the Dutch Authority for Financial Markets?  No  Yes, under number

## 5 Insurance tax liability

- 5a From what date are you liable for the insurance premium tax? (dd-mm-yyyy)

- 5b What will be the estimated payable amount of insurance premium tax per year?

## 6 Signature

6a Name

6b Place

6c Date (dd-mm-yyyy)

6d Signature

