BARBADOS REVENUE AUTHORITY
4th Floor, Weymouth Corporate Centre, Roebuck Street, Bridgetown, Barbados, BB11080
Tel: (246) 535-8600 | Fax: (246) 535-8641 | Email: bramail@bra.gov.bb

REFUNDS- TAXPAYER (DECEASED)

This form should be completed by the legal personal representative of a deceased taxpayer to notify the Barbados Revenue Authority ("Authority") of the taxpayer's death and to request that any tax refunds due be paid to the estate of the deceased.

1. **Deceased Taxpayer Information**
   a. Name of Taxpayer: _____
   b. National Registration Number: _____
   c. Tax Identification Number (*if known*):_____
   d. Last known Address: _____
   e. Date of Death:_____

2. **Legal Personal Representative**

Legal Personal Representative 1

a. Full Name: _____

b. Address: _____

c. Contact Details
Telephone Number: _____

Cellular Number: _____

Email Address:

Legal Personal Representative 2 *(Please only complete if there is a second legal personal representative who is completing this form).*

a. Full Name: _____

b. Address: _____

c. Contact Details

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Telephone Number: _____

Cellular Number: _____

Email Address: _____

3. Background of the Legal Personal Representative

a. Please indicate your role as the legal personal representative(s):

☐ Executor(s)/ Executrix/ Executrices

☐ Administrator(s)/ Administratrix/ Administratrices

b. Please attach a certified copy of one (1) of the following grants of representation:

☐ Letters Testamentary/ Grant of Probate

☐ Letters of Administration

☐ Letters of Administration with Will Annexed/Cum Testamento Annexo

☐ Other (*Please specify type of Grant.*):_____

c. Please attach a certified copy of one (1) form of photo identification for **each** legal personal representative who is completing this form:

☐ National Identification Card

☐ Passport

☐ Driver's License

☐ Other (*Please specify.*): _____

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4. **Refund Details (*if known*)**
    a. Tax type: _____

    b. Tax Period (*Please put the period for which a refund is due.*): _____

    c. Refund amount: _____

5. **Method of Payment**
    Please indicate the preferred method of payment for the refund:

    ☐ Cheque

    ☐ Direct Deposit

6. **Recipient Details**
    a. Cheque Details (*Complete only if Cheque is selected at **5. Method of Payment** above.)*

    Payee's Name: _____

    b. Recipient Bank Details *(Complete only if Direct Deposit is selected at **5. Method of Payment** above.)*

    Name on Account: _____

    Account Number: _____

    Name of Bank: _____

    Branch: _____

    Address of Bank: _____

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7. Declarations

I/We, the undersigned, hereby confirm that I am a/ the Legal Personal Representative(s) of the estate of the deceased taxpayer named at **1. Deceased Taxpayer Information** herein.
I/We agree to provide all other supporting documentation as reasonably required by the Authority to verify my/our capacity to act as the Legal Personal Representative(s) of the estate of the deceased taxpayer.
I/We hereby represent and confirm the refund requested will be applied for the proper administration of the estate of the deceased in accordance with the *Succession Act CAP 249* of the Laws of Barbados and all other applicable laws governing succession and estate administration.
I/We waive any claim against the Authority in respect of any refund made in accordance with this form and indemnify and hold harmless the Authority against any loss, liability, claim or demand arising from or in connection with the refund being made to the estate of the deceased, including any claim made by another legal personal representative, beneficiary, other interested party or third party.
By signing below, I/we confirm that the information provided in this form is true, complete, and accurate to the best of my/our knowledge, and I/ we hereby authorise any tax refund due to be paid for the period(s) specified at **4.(b)** above to the recipient detailed at **6.** Above**.**

Signature: _____

Name: _____

Date: _____

Witness: _____

Name: _____

Abode: _____

Calling or Description: _____

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Signature: _____

Name:_____

Date: _____

Witness: _____

Name: _____

Abode: _____

Calling or Description: _____