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

NOMINATION OF TAX REFUNDS (INDIVIDUAL)

1. **Taxpayer Information**
   a. Name of Taxpayer: _____
   b. National Registration Number: _____
   c. Tax Identification Number: _____
   d. Address: _____

2. **Refund Details**
   a. Tax type: _____
   b. Tax Period (*Please put the period for which a refund is due.*):
   c. Refund amount (*if known*): _____

3. **Nominee Information**
   a. **Full Name of the Nominee:** _____
   b. **Address of the Nominee:** _____
   c. **Contact details**
      Telephone Number: _____
      Cellular Number: _____
      E-mail Address:

4. **Relationship/Capacity of Nominee**
   a. Please indicate the relationship between the taxpayer and the nominee or the capacity in which the Nominee is acting on behalf of the taxpayer:

☐ Professional adviser

☐ Other (*Please specify.*): ……

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5. **Reason for Nomination** Please indicate the reason why the taxpayer is unable to receive the tax refund themselves:

6. **Supporting Documents**

Please attach certified copies of the following supporting documents which are applicable:

☐ Proof of Identification of the taxpayer

☐ Proof of Identification of the nominee

☐ Power of Attorney

☐ Other (*Please specify.*): ……..

7. **Method of Payment**

Please indicate the preferred method of payment for the refund:

☐ Cheque

☐ Direct Deposit

8.a **Nominee Cheque Details** *(Complete only if Cheque is selected at 7. Method of Payment above.)*

Payee's Name: _____

8.b **Nominee Bank Account Details** (*Complete only if Direct Deposit is selected at 7 above.*)

Name on Account:_____

Account Number: _____

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Name of Bank: _____

Branch:_____

Address of Bank: _____

9. **Declarations:**

I, the undersigned taxpayer or authorized representative(s) of the taxpayer, hereby nominate the person or entity identified herein at "**3. Nominee Information**" to receive the tax refund mentioned at "**2. Refund Details**" above to which I am entitled.
I confirm that this nomination is voluntary and without coercion and may be revoked in writing prior to payment being issued, in accordance with the Authority's procedures.
I acknowledge that this nomination does not constitute an assignment or transfer of my legal or beneficial interest in the tax refund.
I irrevocably waive any right to make a claim against the Authority, its officers and agents in respect of the payment of the refund to the Nominee pursuant to this nomination and agree to indemnify and hold the Authority harmless against any loss, liability or dispute arising from this nomination or the actions of the Nominee.
I indemnify and hold harmless the Authority from and against any claim, loss, liability or cost arising from or related to any dispute, claim or demand by the nominee or any third party in relation to the refund after it has been issued.
I hereby certify that I have the authority to sign and submit this nomination form and I agree to provide all supporting documentation as reasonably required to verify my authority.
By signing below, I, the undersigned taxpayer, confirm that the information provided is true, complete and accurate to the best of my knowledge.

(This section must be completed and signed by the Taxpayer only.)

Signature: _____

Name: _____

Capacity: _____

Date: _____

Witness: _____

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Name: _____

Abode: _____

Calling or Description: _____

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(This section must be completed and signed by the Nominee only.)

I, the undersigned nominee, agree to accept the nomination to receive the tax refund mentioned at "**2. Refund Details**" and I confirm that the information mentioned at "**3. Nominee Information**" and "**4. Relationship/ Capacity of Nominee**" is true, complete and accurate to the best of my knowledge.

Signature: _____

Name: _____

Capacity: _____

Date: _____

Witness: _____

Name: _____

Abode: _____

Calling or Description: _____