

Treasury  
Customs and Excise Division

Notice 999 MAN

Forms Specified in Customs and  
Excise Legislation

Part 2



October 2012  
(updated to 12 December 2018)



**Isle of Man**  
Government

*Reilrys Ellan Vannin*

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## PART 2

### FORMS SPECIFIED OR PRESCRIBED FOR CERTAIN NON-VAT PURPOSES

No	Form No/Ref	Use
<b>Machine Games Duty</b>		
The following forms must be used for the purposes of regulations 5, 9, 11 and 18 of the Machine Games Duty Regulations 2012		
1	MGD 1 MAN	Application to register for machine games duty
2	MGD 2 MAN	Details of partners
3	MGD 3A MAN	Corporate body to be included in a group
4	MGD 4 MAN	Overseas representative
5	MGD 5 MAN	Details of premises
6	MGD 6 MAN	MGD return
7		MGD agent return
<b>Gambling Duty</b>		
The following form must be used for the purposes of regulation 8 of the Gambling Duty Regulations 2012		
1	GD 1 MAN	Gambling duty return
The following form should be used for the purposes of section 8 of the Gambling Duty Act 2012		
2	GD 2 MAN	Notification of Gambling Business
<b>Alcohol Wholesaler Registration Scheme</b>		
The following form is prescribed for the purpose of regulation 4 of the Wholesaling of Controlled Liquor Regulations 2015		
1	AWRS MAN	Alcohol Wholesaler Registration Scheme Application Form



## Machine Games Duty Application to Register

Please read Notice 452 MAN before completing this application. Make sure you answer all the questions that are appropriate to your circumstances. Please write clearly and in black ink.

All applicants must complete Part A and the Declaration and –

- If you are registering as a sole proprietor you must complete Part B.
- If you are a corporate body, such as a limited company, you must complete Part C.
- If you are registering as a partnership you must complete Part D.
- If you are established outside the Island and wish to appoint a representative in the Island, please complete Part E.
- If you are registering as a group you must complete Part F and enclose the necessary Form(s) MGD 3A MAN providing details of members of the group. The representative member of the group must be the business specified in Part A.
- If you are appointing a local agent please complete Part G.

Please send the completed form to Isle of Man Customs & Excise, PO Box 6, Custom House, North Quay, Douglas, Isle of Man, IM99 1AG. If you need further help or have any other queries, please call the Advice Centre on +44 (0) 1624 648140.

### Part A – About the business

What type of business do you wish to register?

- Sole Proprietor
- Partnership
- Limited Company
- Unincorporated Body (e.g. club)
- Other (*please specify below*)

Full Name(s)

Trading name (*if different*)

Address of principal place of business

Address:
<input type="text"/>
<input type="text"/>
Postcode:
<input type="text"/>

VAT Registration Number (*if any*)

Do you hold a Gambling Supervision Commission –

Casino licence?  Yes  No

Certificate for the operation of a controlled machine(s)?  Yes  No

Licence for operation of a betting office?  Yes  No

Contact Information -

Telephone:
Mobile number:
Fax No:
Email:
Address for correspondence:
Person to contact:

Do you have a website?  Yes  No

If so, what is its address?

--

Are you resident outside the Isle of Man?  Yes  No

If so, have you nominated an "overseas representative" in the Isle of Man to deal with Machine Games Duty for you?  Yes  No

**If you have nominated an "overseas representative" please complete Part E**

Date that machines liable to Machine Games Duty were, or will be, available for play

--

Is your business seasonal?  Yes  No

Have you previously been registered for MGD?  Yes  No

If Yes, what was the registration number

--

Are you associated with any other businesses which are registered for Machine Games Duty?  Yes  No

If Yes, provide their registration number(s)

1.
2.
3.
4.

What is your main business activity?


What is your main business activity to which Machine Games Duty applies?

- Casino
- Licensed bookmaker
- Amusement arcade
- Controlled machine in club
- Controlled machine in public house
- Controlled machine (other sites) *(Please specify)*

--

Do you have more than one site containing machines liable to Machine Games Duty?

Yes       No

If Yes, submit details on form MGD 5 MAN

If No, please give the address of the site containing machines liable to Machine Games Duty?

Address:


Postcode:

If you have more than one premises containing machines liable to Machine Games Duty, please complete form MGD 5 MAN

**Part B – Sole Proprietor**

Date of birth (if sole proprietor)

--

National Insurance number (if sole proprietor)

--

**Part C – Corporate Bodies**

Where is the business incorporated?

--

Company registration (or other reference) numbers

--

Date of Incorporation

--

**Part D – Partnership**

Total number of partners

Is the partnership registered at General Registry (eg business name, limited partnership)?

Yes  No

**Please complete form MGD 2 MAN with details of all the partners and submit it with this application**

**Part E – Overseas Representative**

This is someone nominated to deal with the Machine Games Duty affairs of an operator who is resident outside the Isle of Man. Customs and Excise does not have to approve the person nominated, but they must be resident in the Island.

Name and address of Overseas Representative

Name:
Address:
Postcode:

Contact information -

Telephone:
Mobile number:
Fax:
Email:
Address for correspondence:
Postcode:

**Part F – Group Registration**

The group representative must be a member of the group and must be the business specified in Part A. The group representative is the group member that submits returns and with which Customs and Excise will normally correspond. Conditions for creating a group for MGD purposes –

- There must be at least 2 members to form a group
- Only one member can be appointed as the group representative
- All members must be bodies corporate established in the Isle of Man or United Kingdom
- If already registered for MGD, members must first deregister before joining the group
- All members of the group must fall under common control
- The controlling body may be the group representative, must have 51% or a majority shareholding or voting rights in the group, and must share the risk and rewards of the group or have accounts consolidated with the rest of the group

Total number of members of group

Is each member of the group –

A corporate body?

Yes

No

Resident or established in the Isle of Man?

Yes

No

**You should complete form MGD 3A MAN with details of all the members of the group**

**Part G – Appointment of agent**

You may wish to appoint an agent in the Island to handle your Machine Games Duty affairs. This person would be responsible for making your returns and handling payment of Machine Games Duty to Customs and Excise.

Please note that you will remain liable for any Machine Games Duty that is not paid, and for any penalties or interest arising from late or non-payment or late or non-submission of returns.

Name of person to act as agent

Address

Address:
Postcode:

Contact details

**Note**  
This agent has permission to act on your behalf in respect of MGD.  
  
However, you remain liable for any MGD payable, and for any penalties or interest arising from late or non-payment, or late or non-submission of returns.

Telephone:
Mobile number:
Fax:
Email:
Address for correspondence:
Postcode:

VAT Registration number

Does the person hold a licence or certificate from the Gambling Supervision Commission?

Yes       No

If Yes, give details

Date from which the person is to act as your agent

### Declaration

I declare that to the best of my knowledge and belief the information I have given on this form and any accompanying documents is complete and correct.

I understand that where a group registration is applied for all members of the group will be jointly and severally liable for machine games duty due from the representative member for the period that the group exists.

Status or position

(e.g. proprietor, partner, director, trustee etc)

Date

Full name

Signature

Accompanying documents –

MGD 2 MAN – details of partners  Yes  No

MGD 3A MAN – details of group members  Yes  No

MGD 5 MAN – details of premises  Yes  No

#### Privacy Notice

The Treasury collects information about you in order to administer taxation and carry out other functions for which it is responsible (e.g. National Insurance, customs and excise duties, property rates, social security benefits, state pensions and legal aid etc.), and for the detection and prevention of crime. Whilst that information will primarily be provided by you, where the law allows we may also get information about you from other organisations, or give information about you to them. This may be to check the accuracy of the information provided, prevent or detect crime or protect public funds in other ways. These organisations may include other government departments, the police and other agencies.

To find out more about how we collect and use personal information, contact any of our offices or visit our website at: <https://www.gov.im/about-the-government/departments/the-treasury/privacy-notice/>





## Machine Games Duty Details of Partners

**When to use this form**

Use this form to provide details of the partners referred to in form MGD 1 MAN (*Machine Games Duty – Application to register business*).

If there are more than four partners in the business you can use a photocopy of this form.

Please write clearly in black ink and use capital letters.

Send your completed form(s) together with form MGD 1 MAN to Isle of Man Customs & Excise, PO Box 6, Custom House, North Quay, Douglas, Isle of Man, IM99 1AG.

**Details of partners**

Name of your partnership  
*(as stated on form MGD 1 MAN)*

Number of partners

Partner 1

Full Name
Address
Postcode
Phone No
Date of birth
Do you have a National Insurance No?      Yes / No
If Yes, give your National Insurance No:

Partner 2

Full Name
Address
Postcode
Phone No
Date of birth
Do you have a National Insurance No?      Yes / No
If Yes, give your National Insurance No:

Partner 3

Full Name	
Address	
Postcode	
Phone No	
Date of birth	
Do you have a National Insurance No?	Yes / No
If Yes, give your National Insurance No:	

Partner 4

Full Name	
Address	
Postcode	
Phone No	
Date of birth	
Do you have a National Insurance No?	Yes / No
If Yes, give your National Insurance No:	

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## Machine Games Duty Corporate body to be included in a group

### When to use this form

If you want to be treated as a member of a group for the purposes of Machine Games Duty (MGD) the group must have applied for MGD group status by also filling in form MGD 1 MAN – *Application to register*.

You will need to complete form MGD 3A MAN for each corporate body to be included in the group. Each MGD 3A MAN should be signed by the group representative who signed form MGD 1 MAN.

Please write clearly in black ink and use capital letters.

Please send your completed forms to Isle of Man Customs & Excise, PO Box 6, Custom House, North Quay, Douglas, Isle of Man, IM99 1AG.

How many MGD 3A MAN forms are being submitted:

This is  of

### About the corporate body to be included in the group

Name of the corporate body

Is the business incorporated in the Isle of Man?

Yes  No

If Yes, please give the company registration number (including any prefix if applicable)

Date of Incorporation

If No, please give country of incorporation

Foreign incorporation reference number (if applicable)

Is the business registered for VAT?

Yes  No

If Yes, give the VAT Registration Number

**About the business**

Trading name of the business *(if any)*

--

Business address

*(This is the address where most of the day to day running of the business is carried out)*

Address:


Postcode:

--

Contact Information -

Telephone:

--

Mobile number:

--

Fax No:

--

Email:

--

**Business operation details**

Have the business previously been registered for MGD?

Yes

No

If Yes, give your MGD registration numbers

1.

--

2.

--

3.

--

4.

--

Is the business associated with any other businesses which are registered for MGD?

Yes

No

If Yes, give the MGD registration numbers

1.

--

2.

--

3.

--

4.

--

What is the main business activity?


**Business licences**

Does the business have an operating licence or certificate from the Gambling Supervision Commission?  Yes  No

Does the business have a public house tenancy where the alcohol licence is held by the landlord?  Yes  No

**Declaration**

I declare that to the best of my knowledge and belief the information I have given on this form and any accompanying documents is complete and correct.

I understand that all of the members of the group will be jointly and severally liable for Machine Games Duty due from the representative member for the period that the group exists.

Status or position

*(e.g. proprietor, partner, director, trustee etc)*

Date

Full name

Signature

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## Machine Games Duty Overseas representative

### When to use this form

You should fill in this form if your business address is not in the Isle of Man and you may need to appoint someone in the Island to act as your MGD "overseas representative".

Please write clearly and in black ink.

Please send the completed form to Isle of Man Customs & Excise, PO Box 6, Custom House, North Quay, Douglas, Isle of Man, IM99 1AG. If you need further help or have any other queries, please call the Advice Centre on 648140.

### Part A – About the status of your overseas representative

Name of the business registered for Machine Games Duty (MGD)

MGD registration number

Please tell us the legal status of your Overseas Representative (*tick one box*)

- Sole Proprietor  *Go to Part B*
- Partnership  *Go to Part C*
- Corporate body registered in the Island  *Go to Part D*
- Unincorporated body  *Go to Part E*

### Part B – Sole Proprietor

Full name of overseas representative

Date of birth

Does the sole proprietor have a National Insurance number? Yes  No

If Yes, give the National Insurance number

Is the sole proprietor registered for VAT?

Yes  No

If Yes, give the VAT registration number

*Now go to Part F*

**Part C – Partnerships**

Name of the partnership

If the partnership does not have a name please give the full names of all the partners (continue on a separate sheet if necessary)

Total number of partners within the partnership

Is the partnership registered for VAT?

Yes  No

If Yes, give the partnership VAT registration number

*Now go to Part F*

**Part D – Corporate Body**

Companies Registry registration number

Date of Incorporation

Is the corporate body registered for VAT?

Yes  No

If Yes, give the corporate body VAT registration number

*Now go to Part F*

**Part E – Unincorporated body**

Is the unincorporated body registered for VAT?

Yes  No

If Yes, give the unincorporated body VAT registration number

**Part F – Appointment information**

Please give the date you would like the appointment of your overseas representative to start

**Part F – Overseas representative contact information**

Address

Postcode:

Contact information -

Telephone:
Mobile number:
Fax:
Email:

**Declaration**

**We, the persons named below, declare that to the best of our knowledge and belief the information given on this form and any accompanying documents is complete and correct.**

**Business owner details**

Status or position	<input type="text"/> <i>(e.g. proprietor, partner, director, trustee etc)</i>
Date	<input type="text"/>
Full name	<input type="text"/>
Signature	<input type="text"/>

**Overseas representative details**

Status or position	<input type="text"/> <i>(e.g. proprietor, partner, director, trustee etc)</i>
Date	<input type="text"/>
Full name	<input type="text"/>
Signature	<input type="text"/>



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Whilst that information will primarily be provided by you, where the law allows we may also get information about you from other organisations, or give information about you to them. This may be to check the accuracy of the information provided, prevent or detect crime or protect public funds in other ways. These organisations may include other government departments, the police and other agencies.

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## Machine Games Duty Details of Premises

### When to use this form

You should use this form to give us the address of each of the premises you operate which contains machines liable to Machine Games Duty (MGD) for which you do not hold a relevant licence or permit.

Please write clearly in black ink and use capital letters.

The completed form should be forwarded together with form MGD 1 MAN to Isle of Man Customs & Excise, PO Box 6, Custom House, North Quay, Douglas, Isle of Man, IM99 1AG.

### Details of premises

Name of the business registered for MGD

MGD registration number (*if known*)

Address 1

Address
Postcode

Address 2

Address
Postcode

Address 3

Address
Postcode

Address 4

Address
Postcode

Address 5

Address
Postcode

Address 6

Address
Postcode

Address 7

Address
Postcode

Address 8

Address
Postcode

Address 9

Address
Postcode

Address 10

Address
Postcode

Address 11

Address
Postcode

Address 12

Address
Postcode

Address 13

Address
Postcode

Address 14

Address
Postcode

**Declaration**

I declare that to the best of my knowledge and belief the information I have given on this form and any accompanying documents is complete and correct.

Status or position

<i>(e.g. proprietor, partner, director, trustee etc)</i>
--

Date

--

Full name

--

Signature

--

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# The Treasury

## *Yn Tashtey*

**Customs and Excise Division**

P.O. Box 6, Custom House,  
North Quay, Douglas  
Isle of Man, IM99 1AG  
British Isles  
Telephone (01624) 648140  
Fax (01624) 648117

www.gov.im/customs

Contact:

Our ref:

Date

**Machine Games Duty Return for Period:**

This return and payment for period 2014/6 should reach Isle of Man Customs and Excise no later than XXXX

To calculate the Duty due, multiply the profit figure by the rate of Duty then divide by 100+the rate of Duty. So for a Duty rate of 15%, multiply the profit by 15 then divide by 115

Name	MGD No	Profit	Duty Due

**Declaration**

I,.....declare that the particulars entered on this  
(Full name in BLOCK LETTERS)  
form are a full and true account of the Machine Games Duty due and payable during the period stated.

Signature..... Date.....

\*(Proprietor, partner, director, secretary or duly authorised person)

*The return must be signed by the proprietor of the business if an individual, by a partner in the case of a private firm, by a director or the secretary in the case of a limited or other incorporated company or by a person duly authorised in writing by one of the foregoing*

For Official Use				
Amount received 11 04 01 01		Date		Initials

# The Treasury

*Yn Tashtey*

**Customs and Excise Division**

P.O. Box 6, Custom House,  
North Quay, Douglas  
Isle of Man, IM99 1AG  
British Isles  
Telephone (01624) 648140  
Fax: (01624) 648117

[www.gov.im/customs](http://www.gov.im/customs)

Contact:

Our ref:

Date

**Machine Games Duty Return for Period:**

This return and payment for period 2014/6 should reach Isle of Man Customs and Excise no later than XXXX

To calculate the Duty due, multiply the profit figure by the rate of Duty then divide by 100+the rate of Duty. So for a Duty rate of 15%, multiply the profit by 15 then divide by 115

Name	MGD No	Profit	Duty Due

**Declaration**

I,.....  
(Full name in BLOCK LETTERS)  
.....declare that the particulars entered on this form are a full and true account of the Machine Games Duty due and payable during the period stated.

Signature..... Date.....


\*(Proprietor, partner, director, secretary or duly authorised person)

*The return must be signed by the proprietor of the business if an individual, by a partner in the case of a private firm, by a director or the secretary in the case of a limited or other incorporated company or by a person duly authorised in writing by one of the foregoing*

For Official Use					
Amount received		Date		Initials	
11 04 01 01					

MGD 6 MAN

GD 1 MAN - Gambling Duty Return - to follow when confirmed or when in operation



## Gambling Duty Return

**For the period from XXXX to XXXX**  
(These dates must not be altered without the agreement of Customs and Excise)

Name  
Address1  
Address2  
Address3  
Address4  
  
Post Code

**Operator's Ref No.**                    XXXX

**Period:**                                    XXXX

**To reach Customs  
no later than**                            XXXX

**WARNING**  
**Failure to furnish a statement or pay the duty, making a declaration which is false, or the furnishing of a statement which is false in any material particular are offences, which may involve heavy penalties.**

1. Gambling yield for the period	£	
2. Commission charges received by betting intermediary for period	£	
3. Total liability	£	
4. Amount of Duty due for the period	£	
5. Less overpayments or negative amounts from previous period(s)	£	
6. Add underpayments or negative amounts from previous period(s)	£	
7. Total amount of Duty to be paid	£	
<b>Payment in euro may be made if required Net amount of duty to be paid in euro</b>	€	




**DECLARATION BY SIGNATORY (this declaration must be signed by someone of an appropriate status as listed below)**

I \_\_\_\_\_ (full name in BLOCK LETTERS) declare that the information given above is complete and correct and includes a full and true account of all bets chargeable with Gambling Duty under the Gambling Duty Act 2012 made with the person responsible for payment of the Gambling Duty in the period shown on this statement and of the duty due

Signature \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_

Status \_\_\_\_\_  
(The proprietor of the business if an individual, a partner if a partnership, a director or the company secretary in the case of a limited or other incorporated company or an authorised signatory.)

Amount received	Date	Initials	
11 04 02 01			

1200
2014/6

GD 1 MAN (Jan 2014)

1. For guidance on how to complete this form please see Notice No. 451 (MAN)
2. Failure to complete a statement and declaration or the completion of a statement or declaration which is false in any material particular may involve heavy penalties. A statement which is incomplete or qualified in any way (eg. marked "Provisional") does not comply with the law. The declaration on this form must be properly completed and signed at the end of the period to which it relates
3. In the case of a group operator or networked operator, the representative operator of the group or network should complete the return and include all relevant information pertaining to the operation of the group or network concerned for the period.
4. Gross amounts charged by a betting intermediary, whether by deduction from winnings or otherwise, for using facilities provided by the intermediary are liable to Duty. See Sections 6(2) and 8(2) of the Gambling Duty Act 2012
5. The statement and declaration with the duty due must be received by

The Collector, Isle of Man Customs and Excise, PO Box 6, Custom House, North Quay, Douglas, Isle of Man, IM99 1AG

no later than the fifteenth day of the month following the end of the period to which it relates.

6. Nil returns are required.

**How to make a payment to Customs and Excise**

Electronically: If you wish to pay by electronic means (e.g. BACS, CHAPS, Bank Giro Credit, credit transfer), the bank account details are:

Branch: IOM Bank, East Region, Athol Street, Douglas  
 Sort code: 55-91-00 Swift/BIC code: RBOS IM D2  
 Sterling Account No: 85526940 Sterling IBAN No: GB72 NWBK 5591 0085 5269 40  
 Account Name: Isle of Man Government - Customs and Excise Special Account

Euro Account No: 9545-40041184 Euro IBAN No: GB22 RBOS 6095 4540 0411 84  
 Account Name: Isle of Man Government - Customs and Excise Account

Debit card: Using the Government online system or at our Advice Centre counter or by telephone on 648148.

Credit card: Using the Government online system (a 2% fee is charged).

Cheque: By post or at our Advice Centre counter. Cross all cheques and postal orders "AC Payee Only" and make them payable to "IOM Government".

Cash: At our Advice Centre counter. In your own interest do not sent cash or uncrossed postal orders through the post. Please ensure that your registration number is shown as a reference for all electronic payments and written on the back of all cheques.

Government Online System To register go to <https://www.gov.im/onlineservices/> and follow the simple registration process. Once registered, choose the service option "Customs and Excise" from the online homepage. From the "Customs and Excise" homepage you can then make a payment using the "General Payments" option.

**Data Protection Act 2002**

The Treasury collects information in order to administer the taxes for which it is responsible (such as VAT, excise duties, air passenger duty) and for detecting and preventing crime.

Where the law permits we may also get information about you from third parties, or give information to them, for example in order to check accuracy, prevent or detect crime or protect public funds in other ways. These third parties may include police, other government departments and agencies.

FOR OFFICIAL USE								
		Date Stamp						
<b>Return</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Input Date</th> <th style="width: 50%; padding: 2px;">Initials</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </tbody> </table>	Input Date	Initials					
Input Date	Initials							
<b>Payment</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </tbody> </table>							





## Gambling Duty Act 2012 Notification of Gambling Business

### Notes

This notification must be delivered to Isle of Man Customs & Excise at least 7 days prior to commencement of business: see Notice 451 MAN, paragraph 27 and section 8(7) of the Gambling Duty Act 2012.

If space on this form is insufficient, further details should be provided on a separate sheet.

Please complete this form in capital letters and send it to Isle of Man Customs & Excise, PO Box 6, Custom House, North Quay, Douglas, Isle of Man, IM99 1AG.

If you have any queries, please contact the Advice Centre on +44 (1624) 648140.

1. Name of business	<input type="text"/>
2. Trading name (if different)	<input type="text"/>
3. Principal Place of Business (if there are several business premises please list these on a separate sheet)	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
Please tick box if you are attaching a separate sheet detailing additional addresses	<input type="checkbox"/>
4. Registered Address (if different from above)	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
5. Telephone	<input type="text"/>
6. Email address	<input type="text"/>

7. What is the legal structure/status of the business? (please tick)

<input type="checkbox"/> Limited Company	Company No.	Inc Date
<input type="checkbox"/> LLC	Company No.	Inc Date
<input type="checkbox"/> Sole Proprietor		
<input type="checkbox"/> Partnership		
<input type="checkbox"/> Other	Please State:	

8. VAT Registration Number (if applicable)

--

9. Description of business activities (please tick all that are applicable)

- Bookmaking (Licensed Betting Office)
- Online Gambling
- Pools Promoter
- Betting Intermediary
- Other

Please provide more details of your business activities here:

10. Details of Licences held in relation to business activities (please provide copies of all relevant licences)


11. List all website addresses which will be used for the business activities


12. Intended date of commencement of business

--

13. Are you applying for approval as a group operator or a networked operator? Yes / No\*

If 'Yes', please state which type: Group / Network\* (\*delete as appropriate)

If you are applying to register as a group operator or a network operator you must also complete forms GD 3 MAN and GD 4 MAN which are available on the Customs & Excise website:  
<http://www.gov.im/categories/tax-vat-and-your-money/customs-and-excise/registering-for-excise/>

**Declaration**

I hereby give notification that the business intends to undertake activity that will involve liability to gambling duty under the Gambling Duty Act 2012.

I declare that to the best of my knowledge and belief, the information I have given on this form and any accompanying documents is complete and correct.

Signature	<input type="text"/>
Print name	<input type="text"/>
Status	<input type="text"/>
Date	<input type="text"/>

**Privacy Notice**

The Treasury collects information about you in order to administer taxation and carry out other functions for which it is responsible (e.g. National Insurance, customs and excise duties, property rates, social security benefits, state pensions and legal aid etc.), and for the detection and prevention of crime. Whilst that information will primarily be provided by you, where the law allows we may also get information about you from other organisations, or give information about you to them. This may be to check the accuracy of the information provided, prevent or detect crime or protect public funds in other ways. These organisations may include other government departments, the police and other agencies.

To find out more about how we collect and use personal information, contact any of our offices or visit our website at: <https://www.gov.im/about-the-government/departments/the-treasury/privacy-notice/>

**Official Use Only**

<b>Official Use Only</b>	
Gambling Duty Reference Number:	<input type="text"/>
Officer's signature:	<input type="text"/>
Date:	<input type="text"/>



## Alcohol Wholesaler Registration Scheme Application Form

Notice 2001 Man concerned with AWRS is available on the Customs and Excise Website:  
<https://www.gov.im/media/1350184/notice-2001-man-alcohol-wholesaler-registration-schemev2.pdf>

Name of Applicant(s)

Trading name

Legal Status (*please tick*)

- |  |  |
|--|--|
| <input type="checkbox"/> Limited Company     | <input type="checkbox"/> Limited Partnership                         |
| <input type="checkbox"/> Sole Proprietor     | <input type="checkbox"/> LLC   |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> Limited Liability Partnership (LLP)         |
| <input type="checkbox"/> Unincorporated body | <input type="checkbox"/> Other (Please specify) <input type="text"/> |

Do you wish to create an AWRS group? (If 'Yes', please see page 4)  Yes  No

Is the application for an existing or new business?  Existing  New

If the application is for a new business, what date do you wish to commence trading?  
(DD/MM/YYYY)

### Contact details

Business Address   
  
  
Postcode

Correspondence Address (if different from business address)   
  
  
Postcode

Telephone number

Contact name

Email address

How long has the business operated from your current premises?

If less than 3 years, please provide previous address(es):

Postcode

Please provide address of any other premises used by the business (continue on a separate sheet if necessary)

Postcode

**Other details**

Company Registry number (if applicable)

Incorporation Date

VAT Number (if applicable)

Income Tax Reference Number (relevant to the entity applying for AWRS)

**Official(s) of the business**

Please provide details of the official(s) of the business (where application is for a partnership, all the partners should be listed below and if the director/secretary is a corporate entity, please also provide these details)

Full Name

Status

National Insurance Number (if applicable)

Date of Birth

Full Name

Status

National Insurance Number (if applicable)

Date of Birth

Full Name

Status

National Insurance Number  
(if applicable)

Date of Birth

**HMRC online 'Look up' system**

All approved wholesalers will be listed on a HMRC online 'Look up' system, that allows trade buyers to look up the details of their alcohol suppliers to ensure that they are registered for AWRS. The details will include:

AWRS Unique Reference Number (URN)

Name of the business

Address of the business

Contact name for the business

Contact telephone number for the business

Contact e-mail address for the business

Date business registration approved for AWRS

Please provide below business details that you wish to be displayed on the HMRC online AWRS 'Look up' system

First Name

Surname

Look up telephone contact number  
(including dialling STD)

Look up email address 1

Look up email address 2

**AWRS Group Applications**

If you do not wish to create an AWRS group, please go to 'About the business'.

Please indicate the number of members in the group (including the representative member):

**Group representative**

Please provide details of the entity who will be the group representative:

Company name

Trading name

Company Registry number  
*(if applicable)*

Incorporation Date

VAT Number *(if applicable)*

Income Tax Reference Number  
*(relevant to the entity applying for AWRS)*

**Group member details (if there is more than one group member, please provide the details on a separate sheet)**

Company name

Trading name

Company Registry number  
*(if applicable)*

Incorporation Date

VAT Number *(if applicable)*

Income Tax Reference Number  
*(relevant to the entity applying for AWRS)*

Address  
*(if different to representative member)*

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

**About the business**

Expected annual turnover

£

Type of wholesaler

- Cash and carry
- Supplying to off trade only
- Supplying to on trade only
- Other
- All

How do you take business orders?

- Online only
- Online and telephone
- Online, telephone and physical premises
- Other
- All

What type of customer do you do business with?

- Pubs
- Nightclubs
- Private members clubs
- Hotels
- Hospitality/catering
- Restaurants
- Independent retailers
- National retailers
- Public
- Other wholesalers
- Other
- All

What type of alcohol products do you sell?

- Beer
- Wine
- Spirits
- Cider/Perry
- Other
- All

Do you use third party storage?

- Yes       No

If 'Yes', please provide details  
(For example, if you store your  
goods in other persons premises)

Name
Address

Please provide details of main  
alcohol suppliers (up to 5):  
(i.e. supplies to you)

Name
Address

Name
Address



Name
Address

Name
Address

Name
Address

- Does your business export alcoholic goods?  
(i.e. outside of the EU)  Yes  
 No
- Does your business conduct EU dispatches of alcoholic goods?  
(i.e. sales to other EU member states)  Yes  
 No
- Do you import alcoholic goods?  
(i.e. bring in from outside the EU territory)  Yes  
 No
- Do you acquire alcoholic goods from EU member states?  Yes  
 No

#### Declaration

I declare that the information provided in the registration application is, to the best of my knowledge, accurate and complete.

Signature

Name

Status

Date

#### Privacy Notice

To find out more about how we collect and use personal information, contact any of our offices or visit our website at: <https://www.gov.im/about-the-government/departments/the-treasury/privacy-notice/> We will send you a paper copy if you telephone us or write to us using the contact details provided on this form.

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## Amendments to this Notice

- 4 November 2016      Notice 999 MAN republished - split into 4 Parts. Part 1A covers forms specified for use in the Value Added Tax Regulations 1996, as amended, and which must be used for the specified purposes indicated with effect from 15 October 2012. Part 1B covers forms that should be used for Value Added Tax purposes. Part 2 covers forms specified or prescribed for certain non-VAT purposes Machine Games Duty - from 1 December 2012; Gambling Duty - from 1 January 2014; and Alcohol Wholesaler Registration Scheme - from 1 October 2015. Part 3 covers forms for other purposes - (a) Customs; (b) Online VAT / Agent registration; (c) Excise; and (d) Deferment/Guarantee, other.
- Form AWRS MAN was revised at this date also.
- 12 December 2018      Revised pages containing privacy notice added to all relevant forms.

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**Isle of Man**  
**Government**

*Reilrys Ellan Vannin*