

Form 8B-B

Return of Third Party Information by Intermediaries



Tax Reference Number

Remember to quote this number in all correspondence or when calling at your Revenue office

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Return Address: Completed forms should be returned to the company's local Revenue office. If you are unsure of the correct return address use the Contact Locator on Revenue's website www.revenue.ie

Use any envelope and write "Freeport" above the address

NO STAMP REQUIRED

Read the explanatory notes on page 4 before completing this form. You can submit the return electronically if you wish - see notes on page 4.

Return by Intermediaries who act in or in connection with the Opening of Foreign Accounts with Deposit Holders

Notice

In accordance with the requirements of Section 895 Taxes Consolidation Act 1997 this return should be completed by:

- Companies for their accounting period and returned to the address shown above not later than nine months from the end of the accounting period.

COMPANY ACCOUNTING PERIOD: FROM (DD/ MM/YYYY) TO (DD/MM/YYYY)

- Persons other than companies for the year of assessment 2007 (1 January 2007 to 31 December 2007) and returned to the address shown above not later than 31 October 2008.

Where the accounts are normally made up to a date other than 31 December, the return may be made by reference to the date in the chargeable period to which the accounts are prepared.

YOU MUST SIGN THIS DECLARATION

I DECLARE that, to the best of my knowledge and belief, all the particulars given on this form are correctly stated.

Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Capacity of Signatory	<input type="text"/>	(DD/MM/YYYY)					
Name of Intermediary	<input type="text"/>	Telephone Number	<input type="text"/>				
Business Address, if different from above	<input type="text"/>						

Tax Reference Number

□	□	□	□	□	□	□	□
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**RETURN BY PERSON ACTING AS AN INTERMEDIARY IN OR IN CONNECTION
WITH THE OPENING OF FOREIGN ACCOUNTS**

Read the notes on page 4 before completing this form

COMPLETE IN BLOCK LETTERS - DETAILS IN RELATION TO THE PERSONS TO WHOM THE OFFSHORE PRODUCTS BELONG

NAME <i>(Enter - Full title of Company, Firm, etc., or Surname of Individual - if a Joint Account, enter the first named only)</i>																														
FIRST NAME <i>(Individual only)</i>																														
TICK <input checked="" type="checkbox"/> THE BOX IF JOINT ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>																												
PERMANENT ADDRESS IN THE STATE																														
TAX REFERENCE NUMBER	<table border="1"> <tr> <td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td> </tr> </table>	□	□	□	□	□	□	□	□	<table border="1"> <tr> <td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td> </tr> </table>	□	□	□	□	□	□	□	□												
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NAME OF DEPOSIT HOLDER <i>(Bank, etc.)</i>																														
ADDRESS OF DEPOSIT HOLDER																														
DATE ACCOUNT WAS OPENED <i>(DD/MM/YYYY)</i>	<table border="1"> <tr> <td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td> </tr> </table>	□	□	□	□	□	□	□	□	<table border="1"> <tr> <td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td><td>□</td> </tr> </table>	□	□	□	□	□	□	□	□												
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AMOUNT OF OPENING DEPOSIT	€ <table border="1"> <tr> <td>□</td><td>□</td><td>,</td><td>□</td><td>□</td><td>□</td><td>,</td><td>□</td><td>□</td><td>□</td><td>.</td><td>□</td><td>□</td><td>.00</td> </tr> </table>	□	□	,	□	□	□	,	□	□	□	.	□	□	.00	€ <table border="1"> <tr> <td>□</td><td>□</td><td>,</td><td>□</td><td>□</td><td>□</td><td>,</td><td>□</td><td>□</td><td>□</td><td>.</td><td>□</td><td>□</td><td>.00</td> </tr> </table>	□	□	,	□	□	□	,	□	□	□	.	□	□	.00
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NOTES

Form 8B-B should be completed by persons who, in the ordinary course of their trade or business, provide a service whereby they act as intermediaries on behalf of Irish* residents in, or in connection with, the opening of foreign accounts with banks or other financial institutions.

* Where a person operates from a business address or a private address in the State, he/she should be regarded as an Irish resident.

Returns by Financial Institutions paying or crediting interest should be made on Form 8B-A which is available on Revenue's website www.revenue.ie, from Revenue's Forms and Leaflets Service at LoCall 1890 306 706 (Republic of Ireland only) or from any Revenue office.

Electronic Filing/Specifications

This return can be submitted electronically. A spreadsheet template is available on Revenue's website www.revenue.ie which can be submitted by secure email to **OPED-3rdPartyReturns@revenue.ie**.

Additional information is included on Revenue's website - see *Third Party Returns - A guide to the submission of returns in electronic form* at www.revenue.ie/forms/tpr_guide.doc which provides technical specifications for the submission of returns in electronic format and includes information on secure email.

Audit

- This return may be subject to an Audit by Revenue
- The law provides that Revenue may make enquiries or take such actions as are considered necessary to verify the accuracy of a return

Penalties

The law provides for penalties for -

- Failure to make a return

OR

- The making of a false return

OR

- Helping to make a false return

These include -
PENALTIES from €2,535
FINES up to €126,970
and/or
IMPRISONMENT