

Remote Betting Duty and Remote Betting Intermediary Duty



TAX REGISTRATION – TR (BET)

FOR NON-RESIDENT INDIVIDUALS, PARTNERSHIPS, TRUSTS OR UN-INCORPORATED BODIES AND FOREIGN COMPANIES engaged in licensed remote bookmaking operations

Remote bookmaking operation means the business or activities of a remote bookmaker or a remote betting intermediary. One tax registration form can be used by licensed remote bookmakers and remote betting intermediaries to register for betting duty and betting intermediary duty, respectively. (Please note that separate **licences** will be required for an operator who wishes to carry out both of these activities).

This form may be used by the following in order to register for Remote Betting Duty and Remote Betting Intermediary Duty in Ireland:

- A **non-resident individual**, (should complete parts A1, A4)
- A **non-resident partnership**, trust or unincorporated body, (should complete parts A2, A4)
- A **Foreign company**, (should complete parts A3, A4)

When completed, return it by e-mail to:

lcdregistrations@revenue.ie

* Denotes a mandatory field

Note: Without correct information your tax registration may be delayed.

A1 Individuals (if the applicant is not an individual, go to Section A2 or A3 as appropriate)

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Specify <input type="text"/>
Forename*	
Surname*	
Country of Residence*	
Nationality (if different)	
Date of Birth (DD/MM/YYYY)*	
Address*	
Phone Number* (including International Dialling Code and Area Code)	
E-mail Address*	

If an Irish Tax reference number/Personal Public Service Number (PPSN) was previously issued to you, please quote that number here:

<input type="text"/>	<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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A2 Trusts/Partnerships (if the applicant is not a trust/partnership, go to Section A1 or A3 as appropriate)

Name of Body to be Registered*	
Trading Name*	
Address*	
Phone Number* (including International Dialling Code and Area Code)	
E-mail Address*	
Legal Format*	Sole trade <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Specify <input type="text"/>

Responsible Person, e.g. Chairperson or Secretary of Group, or Precedent Acting Partner)*

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Specify <input type="text"/>
Forename*	
Surname*	
Address*	
Phone Number* (including International Dialling Code and Area Code)	
E-mail Address*	
Irish Tax reference/PPSN, if applicable	

If this partnership/Trust was registered for any tax in the Republic of Ireland previously, please quote the reference number here:

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Partnership, Trust or Other Body (for Partnerships Minimum 2 Partners)*

Give the following information in respect of all partners, trustees, or other officers. Under "Capacity" state whether precedent acting partner, partner, trustee, treasurer, etc. If necessary, continue on a separate sheet in your e-mail.

Name	Address	Capacity	Irish Tax Reference if Applicable

A3 Foreign Companies

Full Name of Company*	
Trading Name *	
Country of Incorporation*	
Date of Incorporation*	
Tax Registration in Country of Incorporation	
Address in Country of Incorporation*	
Phone Number* (including International Dialling Code and Area Code)	
E-mail Address*	
Website*	

If the company was registered for any tax in the Republic of Ireland previously, please quote the Tax reference number here:

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Company Secretary if applicable*

Full Name*	
Address*	
Phone Number* (including International Dialling Code and Area Code)	
E-mail Address*	
Irish Tax reference/PPSN, if applicable	

Directors

Give the following information in respect of each director. If necessary, continue on a separate sheet in your e-mail.

Name	Address	Irish Tax Reference, if applicable

To be completed by all applicants

A4 Type of Business (tick one only)

Remote Bookmaker

☐

Remote Betting Intermediary

☐

Both

☐

Date of Commencement*

D

D

M

M

Y

Y

Y

Y

Tax Adviser Details

Give the following details of the company’s accountant or tax adviser, if any, who will prepare the Betting Returns for the Company

Full Name	
Address	
Phone Number (including International Dialling Code and Area Code)	
E-mail Address	
Client Ref	

Irish Tax Advisor Identification Number (TAIN), if applicable

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DECLARATION*

I declare that the particulars supplied by me in this application are true in every respect. ☐

Declared by (Name in BLOCK LETTERS)*

Capacity of Person Making Declaration

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Date*

D	D	M	M	Y	Y	Y	Y
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(To be signed by the (Individual, secretary, precedent acting partner, trustee, etc.), company secretary or other authorised officer.)