

GST F3

NOTIFICATION TO REGISTER FOR GST

DETAILS OF ALL PARTNERS OF PARTNERSHIPS / LIMITED PARTNERSHIPS / JOINT VENTURES



INLAND REVENUE
AUTHORITY
OF SINGAPORE

The Comptroller of Goods and Services Tax
55 Newton Road, Revenue House, Singapore 307987 Tel: 1800-356 8633

Important Notes

- (1) Partners in this form refer to partners of partnerships (including limited partnerships) and members of joint ventures.
- (2) Submit the Form in **any** of the following situations:
 - **Application for GST registration for partnership business** (this form must be submitted **together with the GST F1**)
If you have other non-GST registered partnership businesses with the same composition of partners, please give us the date of commencement of each business in the spaces provided below. Please also include the total taxable turnover of these businesses when completing the GST F1. A copy of the Accounting and Corporate Regulatory Authority (ACRA) Business Profile for each business, if applicable, has to be submitted together.
 - **Changes in partners**
You are required to complete and submit the GST F3 form within 30 days of the date on which the change occurs. Please attach the latest copy of the ACRA Business Profile for verification.
 - **You have set up additional Partnership Business(es) with the same composition of partners**
You are required to notify the Comptroller of GST within 30 days of the formation of any additional partnership business(es) with the same composition of partners. Please attach the latest copy of the ACRA Business Profile and submit this form **together with the GST F1**.
- (3) **Email your application:** Scan and email the completed application and the GST F1 (if you are also applying for GST registration) to GST_form@iras.gov.sg
Do not send this application via post or by hand.
- (4) **Retain a copy:** Make a copy of this form and retain it for your internal records.
- (5) **Have the following information ready:**
 - Name, Unique Entity Number (UEN) and Date of Commencement of the Partnership business
 - Name and NRIC/Passport/Fin Number of the partners involved

Please list below, in BLOCK LETTERS, the details of **all the PARTNERSHIPS with the same composition of partners** and the particulars of all the partners. This form must be duly signed by **each and every** partner in the space provided.

1. PARTNERSHIP DETAILS

Name

UEN Commencement date of business
D D M M Y Y

Address Block/House No. # Storey - Unit Number Postal Code

Street Name

Authorised Contact person's details

Contact Person's Name:	<input style="width: 95%; height: 20px;" type="text"/>	E-mail address:	<input style="width: 95%; height: 20px;" type="text"/>
Contact Number:	<input style="width: 95%; height: 20px;" type="text"/>		

2. DETAILS OF PARTNERSHIP WITH THE SAME COMPOSITION OF PARTNERS

Name

UEN Commencement date of business
D D M M Y Y

Address Block/House No. # Storey - Unit Number Postal Code

Street Name

NOTE : PLEASE COPY THIS PAGE IF YOU HAVE MORE THAN 2 PARTNERSHIPS WITH THE SAME COMPOSITION OF PARTNERS.

