

Declaration Form

I, _____,
NRIC/FIN/Passport/Foreign ID No. _____, am aware that GST is a self-assessed tax. I declare all of the following:

- (i) All the details and information which I have indicated in this application are correct and complete.
- (ii) I understand that any false/ incorrect declaration can result in revocation/ cancellation of my GST registration if I become GST-registered.
- (iii) I will have systems and processes in place to ensure complete, accurate, and timely GST reporting.
- (iv) I will comply with all requirements under the Singapore GST Act.
- (v) I will only charge and collect GST from the effective date of GST registration. I understand that this effective date of GST registration is the date which is stated on the letter of notification of GST registration which I will receive if my GST registration application is approved.
- (vi) If I had wrongly charged or collected GST prior to the effective date of GST registration, I will voluntarily disclose the unauthorized GST collection and pay back the amount to the IRAS.
- (vii) For sole-proprietorship only:
 - I understand that once I become a GST-registered person, I will need to account for GST on all taxable supplies including those of my existing and future sole-proprietorship businesses.
- (viii) For partnership business only:
 - I declare that all my partners agree to the partnership being registered for GST, if it is a voluntary GST registration.
 - I will arrange for the [GST F3 Notification to Register for GST Details of All Partners of Partnerships/ Limited Partnerships/ Joint Ventures form](#) to be duly completed and signed by all partners. Thereafter, I will attach the signed and completed form in my application.

- I understand that once I become a GST-registered person, I will need to account for GST on all taxable supplies including those of my existing and future partnership businesses with the same composition of partners.

Signature of Declarant: _____

Date: _____

Contact Number: (+65) _____

Designation of Signatory: Director/ CEO

Please select one of the checkboxes Partner

Sole-proprietor

Authorized Official: _____

(Please specify Trustee/Secretary/Chairperson of Organization)