LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Administration de l'enregistrement,
des domaines et de la TVA

Enregistrement et domaines
Bureau d'imposition 3
Boîte Postale 31
L-2010 Luxembourg
Tél. : 247-80628
e-mail: lux.imp3@en.etat.lu

INSURANCE PREMIUM TAX REGISTRATION FORM

Important notice:
Registration must take place within 15 days

You will need at least Adobe Acrobat® Reader® version 8.1.3 to use this interactive page. The latest version of Adobe Acrobat Reader for all systems (Windows®, Mac, etc.) can be downloaded for free from the Adobe Systems Incorporated.

For administrative use only – do not complete

Date of receipt :

1. Information

Fields marked with an * are mandatory

Business details

The taxable person is established in: ◯ Luxembourg ◯ another country of the EU ◯ outside the EU

Legal form * :

Company trading name * :

Insurance classes :

- ☐ 1. Accidents (including industrial injury and occupation diseases)
- ☐ 2. Sickness
- ☐ 3. Land vehicles (other than railway rolling stock)
- ☐ 4. Railway rolling stock
- ☐ 5. Aircraft
- ☐ 6. Ships (Sea, lake, river and canal vessels)
- ☐ 7. Goods in transit (including merchandise, baggage and all other goods)
- ☐ 8. Fire and natural forces
- ☐ 9. Other damage to property
- ☐ 10. Motor vehicle liability
- ☐ 11. Aircraft liability
- ☐ 12. Liability for ships (sea, lake, river and canal vessels)
- ☐ 13. General liability
- ☐ 14. Credit
- ☐ 15. Suretyship
- ☐ 16. Miscellaneous financial loss
- ☐ 17. Legal expenses
- ☐ 18. Assistance

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Date of incorporation * :

Date of actual commencement of operations subject to insurance premium tax :

Legal entity identifier (LEI) :

Address of the registered office

Street and number * :

City * : Postcode * :

Country * :

Telephone : Email * :

Company website :

Contact person * :

All correspondence is to be sent :

- ◯ to the above address
- ◯ to an alternative mailing address

Alternative mailing address

Name of the person authorized to receive correspondence :

Street and number * :

City * : Postcode * :

Country * :

Telephone : Email * :

Contact person * :

Bank account

Bank account number (IBAN) * :

Bank identifier code (BIC) * :

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2. Required documents

Fields marked with an * are mandatory

- ☐ Copy of the accreditation(s) *
- ☐ Copy of the contract with a fiscal agent or representative

3. Comments

4. Signature

The signature below certifies the accuracy of data provided

The undersigned hereby declares to have taken into account all relevant data and that the form can be considered complete, i.e. :

1. **the present form has been duly completed;**
2. **all required documents have been attached.**

Done in * : _____ On * : _____

Signature * : _____

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