

Economic Substance Notification under BVI Economic Substance (Companies and Limited Partnerships) Act (as revised).

Instructions: Complete this form if the entity is a Legal Entity that is engaged in the following Relevant Activity: Holding Business. Refer to the [BVI Economic Substance Webpage](#) for more information.

A Legal Entity will be treated as carrying on a Relevant Activity during any ES financial period in which it receives income from that activity.¹ If the Named Entity will not be carrying on a Relevant Activity during the current [ES Financial Period](#), please complete [Form One](#).

Complete this form using Adobe Acrobat. The form does not need to be signed. Send the completed form to regulationbvi@campbellslegal.com

If any of the information set out below changes, you should notify Campbells within 21 days of the change by email to regulationbvi@campbellslegal.com

Name of the Entity (the "Named Entity"):	
Entity Reference Number: (You will find this number in the email from Campbells)	
Named Entity financial year end: (dd/mm)	
Named Entity has made and confirmed with ITA a change to the ES Financial Period. (You will find this information in the email from Campbells) 6a	Yes No
Named Entity ES Financial Period Start Date: (dd/mm/yyyy) (You will find this date in the email from Campbells) 6b	
Named Entity ES Financial Period End Date: (dd/mm/yyyy) (You will find this date in the email from Campbells) 6c	
Named Entity Details	
Named Entity Tax Payer Identification Number (TIN) (check NOTIN if the Named Entity has no TIN) 6f	TIN: _____ NOTIN
Gross total annual income of the Named Entity 6g	
Reporting currency: (Use Currency Code found here) 6g	
Amount (If the Named Entity had no income during the ES Financial Period, enter 0) 6g	
The Named Entity's business office in the BVI is the same as its Registered Agent? If No, please provide the Named Entity's address in the BVI below. 6h	Yes No
Address Line 1: 6h-1	
Address Line 2:	
Address Line 3:	

¹ Rule One, [Rules on Economic Substance in the Virgin Islands](#), page 4.

Is the Named Entity a constituent entity of a MNE Group for the purposes of the Country-by-Country reporting (CbCR) framework? 6i	Yes No
Name Group: Name of MNE Group, if different from Entity name 6i.1	
Does the Named Entity have an Ultimate Parent ? If Yes, complete the Ultimate Parent questions in the fields below. If the Named Entity has more than one Ultimate Parent, complete an Addendum . 6j	Yes No
Ultimate Parent– Ultimate Parent Name: 6j.1	
Ultimate Parent– Ultimate Parent Alternative Name: (optional) 6j.2	
Ultimate Parent– Ultimate Parent’s Jurisdiction of Formation/Incorporation: (Use ISO Alpha-3 Country Code found here) 6j.3	
Ultimate Parent Entity – Ultimate Parent’s Formation/Incorporation Number: 6j.4	
Ultimate Parent – Ultimate Parent’s Tax ID Number or equivalent: 6j.5	
Does the Named Entity have an Immediate Parent ? If Yes, complete the Immediate Parent questions in the fields below. If the Named Entity has more than one Immediate Parent, complete an Addendum . 6k	Yes No
How many Immediate Parents does the Entity have? 6k.1	
Immediate Parent Name: 6k.2	
Immediate Parent Alternative Name: (optional) 6k.3	
Immediate Parent’s Jurisdiction of Formation/Incorporation: (Use ISO Alpha-3 Country Code found here) 6k.4	
Immediate Parent’s Formation/Incorporation Number: 6k.5	
Immediate Parent’s Tax ID Number or equivalent: 6k.6	
Relevant Activity 7	Holding Business
Income (check below) A legal entity will be treated as carrying on a Relevant Activity during any financial period in which it receives income from that activity.	
The Named Entity will receive income from the Relevant Activity indicated above during the current ES Financial Period .	Yes No The Named Entity does not meet the definition of a legal entity engaged in a Relevant Activity for the current ES Financial Period. Complete Form One .

Tax Residency					8
Does the Named Entity intend to make a claim of tax residency outside the Virgin Islands? 8a				No	
				Yes. Please Complete Form Two(N)	
This Form Four(N) was completed by:					
Name:					
Role:					
Date:					
Please update your Campbells contact details:					
Billing Contact(s) at the Named Entity:					
First Name	Last Name	Role	Telephone	Contact email	
Legal/Regulatory Contact(s) at the Named Entity:					
First Name	Last Name	Role	Telephone	Contact email	