



## British Virgin Islands Economic Substance Declaration Headquarters Business - Supplementary Declaration

### Gross Income

1. Total Gross Income for the relevant activity during the financial period. ....

2. Type of gross income in relation to the relevant activity? .....

3. List the amount and type of assets and premises held in the course of carrying out the relevant activity below:

Amount	Type of Asset

4. Net book values of tangible assets held in the course of carrying out the relevant activity

.....

### Direction and Management

5. Is the activity directed and managed in the Virgin Islands? ☐ Yes ☐ No

6. Number of board meetings the entity held during the financial period with relation to this activity?

.....

7. Of those board meetings, how many were held in the Virgin Islands where a quorum of directors was physically present?

.....

**Please provide a list of directors that attended each of the meetings:**

**Meeting (1) date:** .....

Quorum present in the British Virgin Islands? .....

Quorum of directors physically present in the British Virgin Islands? .....

Are the minutes for these board meetings being held in BVI? Yes ☐ No ☐

Name	Physically present in the BVI	Relation to the entity	Qualification
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Meeting (2) date:** .....

Quorum present in the British Virgin Islands? .....

Quorum of directors physically present in the British Virgin Islands? .....

Are the minutes for these board meetings being held in BVI? Yes ☐ No ☐

Name	Physically present in the BVI	Relation to the entity	Qualification
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Meeting (3) date:** .....

Quorum present in the British Virgin Islands? .....

Quorum of directors physically present in the British Virgin Islands? .....

Are the minutes for these board meetings being held in BVI? Yes ☐ No ☐

Name	Physically present in the BVI	Relation to the entity	Qualification
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Turnover

8. Total turnover for the relevant activity during the financial period?

.....

## Expenditure

9. Total expenditure incurred in the operations of the relevant activity during the financial period?  
(including outsourcing, if applicable).

.....

10. Total expenditure incurred in the Virgin Islands in the operations of the relevant activity during the financial period?  
(including outsourcing, if applicable).

.....

## Employees

11. Total number of employees of the corporate and legal entity? .....

12. Total number of employees engaged in the relevant activity? .....

13. Total number of employees engaged in the relevant activity physically present in the Virgin Islands? .....

Provide details on qualifications of the employees referred to in question 8 on page 2:

Name	Qualification	Years of relevant experience

**Core Income Generating Activities (CIGA)**

14. Has any core income generating activity (CIGA) been outsourced to another entity?

☐ Yes ☐ No
15. Was the CIGA outsourced in the Virgin Islands?

☐ Yes ☐ No

**Outsourcing: Provide details of all outsourcing providers**

16. Name of person/entity to whom outsourced? .....
17. Address: .....
18. Number of staff employed in carrying out CIGA for the entity? .....
19. Hours per month each person employed? .....
20. Is the entity able to monitor and control carrying out of the outsourced activity?

☐ Yes ☐ No
21. Total expenditure incurred on outsourcing in the Virgin Islands during the financial period? .....

**Headquarters Business Core Income Generating Activities**

22. Headquarters business conducted (tick all that apply)

- a) Taking relevant management decisions. ☐
- b) Incurring expenditures on behalf of affiliates. ☐
- c) Co-ordinating group activities. ☐
- d) Other (please specify). ☐

.....

Signature: .....

Name: .....

Capacity: ..... Date: .....