



FOR OFFICE USE ONLY:
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NEW ARRIVALS

(PLEASE COMPLETE IN BLOCK CAPITALS)

The personal allowance will be shared equally between both parties, unless some other proportion is required. If so, please complete a **DIVISION OF ALLOWANCES FORM** (ref. 340a).

All income not taxed at source may be included in the relevant Coding Notice, based on the information provided in section 12.

1. Title (Mr/Mrs/Miss/Ms/Other):	Forename(s):	Surname:												
2. Date of Birth	Self: <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Spouse: <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y									
D	D	M	M	Y	Y									
3. Full name of Spouse (if applicable):														
4. Is your Spouse in Guernsey/Alderney with you? Yes <input type="checkbox"/> No <input type="checkbox"/>														
5. Date of marriage/civil partnership, if applicable: <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y						
D	D	M	M	Y	Y									
6. Guernsey/Alderney address:														
Post Code:														
7. Home Telephone Number: Work Telephone Number:														
Email address:														
8. On what date did you arrive in Guernsey/Alderney? <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y						
D	D	M	M	Y	Y									
9. Were you employed between 01 January and the date you arrived in Guernsey/Alderney? Yes <input type="checkbox"/> No <input type="checkbox"/>														
If no, were you a Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other (please state)														
10. How long do you intend to stay in Guernsey/Alderney?														
a) Permanently <input type="checkbox"/> b) Less than 1 year <input type="checkbox"/> c) More than 1 year <input type="checkbox"/>														
If more than 1 year, please state how long:														
11. Name / Address of Employer (if States of Guernsey, please indicate which Department):														
Self:														
Spouse:														
Date commenced: <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y						
D	D	M	M	Y	Y									
Date commenced: <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>			D	D	M	M	Y	Y						
D	D	M	M	Y	Y									
12. Estimate of income from any of the following sources, from date of arrival in Guernsey to 31 December. Please indicate if overseas tax is deducted at source. This section must be completed.	Tax Deducted (please tick)	Self £	Spouse £											
(a) Employment														
(b) Business Economic classification code:														
(see https://www.gov.gg/ecodes)														
(c) Pensions														
(d) Bank/Building Society Interest														
(e) Gross rental income: Yes <input type="checkbox"/> No <input type="checkbox"/>														
Is property let furnished?														
(f) Other (e.g. investment income)														
(g) Income from trusts/settlements														
(h) Distributions from companies														

