

### When to use this form

Use this form to tell us about a group you wish to form. This form should be completed by the group representative member who should also complete form MGD1 *Application to register business*. A separate form MGD3A *Corporate body to be included in a group* should be completed for each group member.

Before completing form MGD3 you should read the notes about group registration on the front of form MGD1. These notes explain the criteria you must meet before you are allowed to form a group. If you do not meet these criteria your group registration application will be refused.

Please write clearly in black ink and use capital letters.

If you need any help you can phone our helpline on **0845 010 9000** or go to [hmrc.gov.uk](http://hmrc.gov.uk) and enter *Machine Games Duty* in the *Search* facility.

Send your completed form to:

HMRC  
National Registration Unit  
Portcullis House  
21 India Street  
GLASGOW  
G2 4PZ

To find out what you can expect from us and what we expect from you go to [www.hmrc.gov.uk/charter](http://www.hmrc.gov.uk/charter) and have a look at *Your Charter*.

### About your group

**1 Please indicate the total number of members of the group (including yourself)**  
Please note, form MGD3A will need to be completed for each member

**2 Is each proposed member of the group, including the representative member:**

- a corporate body?                      Yes       No
- either resident or established      Yes       No   
in the UK?

**3 Are you the group representative?**

- The group representative must be a group member.
- The group representative is the nominated member that submits returns and with whom we would generally correspond.

Yes       No

If you answered Yes, please go to question 4

If you answered No, you cannot register for Machine Games Duty as a group

### Group representative information

**4 Full name**

Title - enter MR, MRS, MISS, MS or other title

First name(s)

  


Surname

**5 Phone number**

**6 Address**

  
  
  
  


Postcode

Country, if not in the UK

## Group representative information *continued*

<b>7</b> <b>Company registration number</b> <i>including any prefix if applicable</i> <input type="text"/>	<b>10</b> <b>Are you also the controlling body?</b> <ul style="list-style-type: none"><li>• The controlling body must also have an interest in the group.</li><li>• The controlling body may or may not be a member of the group.</li><li>• The controlling body may or may not be a group representative.</li></ul> Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered Yes, please complete the declaration If you answered No, please provide details of the controlling body
<b>8</b> <b>Date of incorporation</b> <i>DD MM YYYY</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>9</b> <b>Are you registered for VAT in the UK?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give your VAT Registration Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

## Controlling body information

<b>11</b> <b>Full name</b> Title - enter MR, MRS, MISS, MS or other title <input type="text"/> First name(s) <input type="text"/> Surname <input type="text"/>	<b>12</b> <b>Phone number</b> <input type="text"/>
	<b>13</b> <b>Address</b> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> Country, if not in the UK <input type="text"/>

## Declaration

I declare that to the best of my knowledge and belief the information I have given on this form and any accompanying documents is complete and correct.

I understand that all the members of the group will be jointly and severally liable for Machine Games Duty due from the representative member for the period of existence of the group.

<b>Name</b> <input type="text"/> <input type="text"/>	<b>Signature</b> <input type="text"/>
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**Date** *DD MM YYYY*