



Application for Registration of Salary/Wage Earners or Sole Trader Businesses (or Partners, Beneficiaries and Investment Income Earners)

Revenue Collection Division

Registration Type (Please tick only one)	Salary/Wage Earner: <input type="checkbox"/>	Other: <input type="checkbox"/>	
	Sole Trader Business: <input type="checkbox"/>	Please specify (if other):	<input style="width: 100%;" type="text"/>

SECTION A (To be completed by all applicants)

First Name: <input style="width: 100%;" type="text"/> Middle Name: <input style="width: 100%;" type="text"/> Last Name: <input style="width: 100%;" type="text"/> Father's Name: <input style="width: 100%;" type="text"/> Employer's Name: <input style="width: 100%;" type="text"/> Residential Address: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Email: <input style="width: 100%;" type="text"/> Phone No.: <input style="width: 100%;" type="text"/> (Home) Phone No.: <input style="width: 100%;" type="text"/> (Business) Phone No.: <input style="width: 100%;" type="text"/> (Mobile) Fax. No.: <input style="width: 100%;" type="text"/> Date of Employment: <input style="width: 100%;" type="text"/> Passport No.: <input style="width: 100%;" type="text"/> Work Permit No.: <input style="width: 100%;" type="text"/> (if non-resident) Bank Name: <input style="width: 100%;" type="text"/> Bank Branch: <input style="width: 100%;" type="text"/> Account No. : <input style="width: 100%;" type="text"/>	Applicants Occupation: <input style="width: 100%;" type="text"/> T.I.N.: <input style="width: 100%;" type="text"/> F.N.P.F. No.: <input style="width: 100%;" type="text"/> Race: <input style="width: 100%;" type="text"/> Date of Birth: <input style="width: 100%;" type="text"/> Male: <input type="checkbox"/> Female: <input type="checkbox"/> Tax Agent's Name: <input style="width: 100%;" type="text"/> Mailing Address (or Tax Agent's address) <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Name of Spouse: <input style="width: 100%;" type="text"/> Spouse's T.I.N.: <input style="width: 100%;" type="text"/> Date marriage registered: <input style="width: 100%;" type="text"/>
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SECTION B (This section for SOLE TRADERS only)

Nature of Business: <input style="width: 100%;" type="text"/>	
Address of Exact Location: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	Date Commenced: <input style="width: 100%;" type="text"/>
Trading Names: 1 <input style="width: 100%;" type="text"/> 2 <input style="width: 100%;" type="text"/> 3 <input style="width: 100%;" type="text"/> 4 <input style="width: 100%;" type="text"/>	

SECTION C (Please provide details of other related companies/entities)

Name	T.I.N	Address

SECTION D (This section for EMPLOYERS only)

Branch Name:
Address :

 Code:

Branch Name:
Address :

 No. of taxable Employees: Code:

Mailing Address for P.A.Y.E.:

SECTION E (The following sections for V.A.T. registration only)

Taxable Activity:

V.A.T. Mailing Address:

Are you an Importer? Yes: No:
Are you an Exporter? Yes: No:

SECTION F

The total value of my/our taxable supplies in the last 12 months was, or for the next 12 months is expected to be \$100,000 or less. Yes No
If Yes, do you wish to apply for a 3 monthly taxable period? Yes No
If Yes, do you wish to apply for a payment basis of accounting? Yes No
If you get all your income from Cane Farming, do you wish to apply for a 12 monthly taxable period? Yes No

DECLARATION: I declare that the particulars on this form are true and correct.

Signature of Applicant:

Date:

IT IS A SERIOUS OFFENCE TO GIVE FALSE INFORMATION TO THE COMMISSIONER

OFFICE USE ONLY

Verified and Entered by:
Date Entered:

District Code
Location Code
FSIC
FSICO
RAT