



Application for TIN Registration of Salary / Wage Earners / Sole Trader Businesses / LTA and Bank Account

Revenue Collection Division (or Partners, Beneficiaries and Investment Income Earners)

Registration Type (Please tick as applicable)	Salary/Wage Earner: <input type="checkbox"/>	Other: <input type="checkbox"/>	Bank A/C: <input type="checkbox"/>	Land Transport Authority: <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)

<p>First Name: <input style="width: 100%;" type="text"/></p> <p>Middle Name: <input style="width: 100%;" type="text"/></p> <p>Last Name: <input style="width: 100%;" type="text"/></p> <p>Father's Name: <input style="width: 100%;" type="text"/></p> <p>Employer's Name: <input style="width: 100%;" type="text"/></p> <p>Residential Address: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p> <p>Email: <input style="width: 100%;" type="text"/></p> <p>Phone No.: <input style="width: 80%;" type="text"/> (Home)</p> <p>Phone No.: <input style="width: 80%;" type="text"/> (Business)</p> <p>Phone No.: <input style="width: 80%;" type="text"/> (Mobile)</p> <p>Fax No.: <input style="width: 80%;" type="text"/></p> <p>Date of Employment: <input style="width: 80%;" type="text"/></p> <p>Passport No.: <input style="width: 80%;" type="text"/></p> <p>Work Permit No.: <input style="width: 80%;" type="text"/> (if non-resident)</p>	<p>Applicants Occupation: <input style="width: 100%;" type="text"/></p> <p>T.I.N.: <input style="width: 100%;" type="text"/></p> <p>F.N.P.F. No.: <input style="width: 100%;" type="text"/></p> <p>Birth Registration Number: <input style="width: 100%;" type="text"/></p> <p>Date of Birth: <input style="width: 80%;" type="text"/></p> <p>Male: <input type="checkbox"/> Female: <input type="checkbox"/></p> <p>Tax Agent's Name: <input style="width: 100%;" type="text"/></p> <p>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"/></p> <p>Name of Spouse: <input style="width: 100%;" type="text"/></p> <p>Spouse's T.I.N.: <input style="width: 100%;" type="text"/></p> <p>Date marriage registered: <input style="width: 80%;" type="text"/></p>
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SECTION B Bank Details			SECTION C Motor Vehicle Details		
Bank Name	Branch No.	Account No.	Vehicle No.	Vehicle Type (Commercial/Private)	Registration Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

* Continue on a separate sheet if necessary.

If you are below 18 years provide Parent/Guardian TIN:

State Estimated Annual Income:

SECTION C (This section is for SOLE TRADERS only)

<p>Nature of Business: <input style="width: 100%;" type="text"/></p> <p>Address of Exact Location: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p> <p>Trading Names: 1 <input style="width: 100%;" type="text"/> 3 <input style="width: 100%;" type="text"/></p>	<p>Date Commenced: <input style="width: 80%;" type="text"/></p> <p>2 <input style="width: 100%;" type="text"/> 4 <input style="width: 100%;" type="text"/></p>
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SECTION D (Please provide details of other related companies/entities)

Name	T.I.N	Address

SECTION E (This section for EMPLOYERS only)

Branch Name:

Branch Name:

Address :

Address :

No. of taxable
Employees:

Code:

Code:

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

SECTION F (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 G**

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