



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"/>	OFFICE USE ONLY
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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: 80%;" type="text"/> (Home) Phone No.: <input style="width: 80%;" type="text"/> (Business) Phone No.: <input style="width: 80%;" type="text"/> (Mobile) Fax No.: <input style="width: 80%;" type="text"/> Date of Employment: <input style="width: 80%;" type="text"/> Passport No.: <input style="width: 80%;" type="text"/> Work Permit No.: <input style="width: 80%;" 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: 80%;" 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: 80%;" 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"/> <input style="width: 100%;" type="text"/> Trading Names: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">2</td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">3</td> <td><input style="width: 100%;" type="text"/></td> </tr> </table>	1	<input style="width: 100%;" type="text"/>	2	<input style="width: 100%;" type="text"/>	3	<input style="width: 100%;" type="text"/>	Date Commenced: <input style="width: 80%;" type="text"/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">4</td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">5</td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">6</td> <td><input style="width: 100%;" type="text"/></td> </tr> </table>	4	<input style="width: 100%;" type="text"/>	5	<input style="width: 100%;" type="text"/>	6	<input style="width: 100%;" type="text"/>
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"/>												
5	<input style="width: 100%;" type="text"/>												
6	<input style="width: 100%;" type="text"/>												

SECTION C (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 D (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 E

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