



Revenue Collection Division

APPLICATION BY REGISTERED PERSON(S) TO TREAT A BRANCH(S)/DIVISION(S) AS A PRODUCE SUPPLIER

SECTION A - Organisation Details

Tax Identification Number (T.I.N.):

Name of Organisation:

Postal Address:

Telephone No.:

SECTION B - Branch/Division Details

Division Name:
Address:

Start Date:

Division Name:
Address:

Start Date:

Division Name:
Address:

Start Date:

Division Name:
Address:

Start Date:

Division Name:
Address:

Start Date:

Division Name:
Address:

Start Date:

SECTION C - DECLARATION

I declare that the particulars on this document are to the best of my knowledge, true and correct

Name:

Signature:

Title/Position:

Date:

(indicate whether Proprietor, Partner Director etc.)

IT IS A SERIOUS OFFENCE TO MAKE A FALSE STATEMENT TO THE COMMISSIONER