



REGISTRATION OF EMPLOYMENT TAXATION SCHEME

Revenue Collection Division

Section A:

Employer TIN:

Employer Name :

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Postal Address :

Section B: EMPLOYER DETAILS

- 1** Authorized Officer/
Precedent Partner :
- 2** Trade or Business
Name :
- 3** Location of Business :
- 4** In case of
Company,
Registered Office :
- 5** Nature of business :
- 6** Number of
Employees registered
for scheme :
- 7** Year of claim for
scheme:

** A list of employee details registered for the scheme is to be attached with the application*

Section C: DECLARATION

I hereby certify that the information given on this form is true and correct and complete in every respect.

Signature of Applicant:

Date:

Capacity*:

** To be signed by either the Owner in case of sole trader businesses, Authorised Officer for companies or Precedent Partner for partnerships*

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

OFFICE USE ONLY

Approved by:

Date Approved: