



# Non-Individual Enterprise Registration Form

Government of Grenada  
Inland Revenue Division

**Enterprise Type**    Corporation    Partnership    Non-Profit    Government    Joint Venture    Trust

Registered Name

Registered Number       Registration Date   
DD MMM YYYY

Trade Name

Phone number       Business Activity   
e.g. Hotel, Restaurant, Insurance, Manufacturing ,etc.

Start Date   
DD MMM YYYY

Fiscal Year Starts       Email Address   
DD MMM

**Enterprise Establishments** (at least one, the head office, must be entered)

Name       Head Office?    Yes    No

Street       City/Village

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Name

Street       City/Village

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Name

Street       City/Village

Foreign Parent Name

Street       Postal Code

City/Village

Parish

Country

## Representative Information

Representative Name

Representative Type   
e.g. Tax Consultant, Liquidator, Trustee, Agent, Lawyer, Accountant, etc

## Mailing Address

Street  Postal Code

City/Village

Parish

Country

## Bank/ Credit Union

Bank

Account Number

Street

City/Village

Parish

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

Name

Title

Signature

Date

DD MMM YYYY

## Official Use Only

Taxpayer No.

Enterprise No.

Registration Officer

Date

DD MMM YYYY

## Licence and Taxes Applicable

A.S.T.

P.I.T.

Licence

P.A.Y.E.

C.I.T.