



Inland Revenue Division

Individual Registration Form

Individual Information

Name
Last First Mid. Initials

Date of Birth Male Female Nationality
DD MMM YYYY

Occupation Driver's Licence/National ID

Contact Number Email Address N.I.S No.

Marital Status

<p>Home Address</p> <p>Street <input style="width: 320px;" type="text"/></p> <p>City/Village <input style="width: 320px;" type="text"/></p> <p>Parish <input style="width: 320px;" type="text"/></p> <p>Country <input style="width: 320px;" type="text"/></p>	<p>Mailing Address</p> <p><input style="width: 340px;" type="text"/></p> <p><input style="width: 340px;" type="text"/></p> <p><input style="width: 340px;" type="text"/></p> <p><input style="width: 340px;" type="text"/></p>
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Spouse Information (if married)

Name
Last First Mid. Initials

Maiden Name Date of Birth
DD MMM YYYY

Banking information

Bank

Account Number

Street

City/Village

Parish

Employer information

Name

Street

City/Village

Parish

Date Started

DD MMM YYYY

Date Ended

DD MMM YYYY

Employer information

Name

Street

City/Village

Parish

Date Started

DD MMM YYYY

Date Ended

DD MMM YYYY

**Other Sources
of Income**

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