



Inland Revenue Division

Individual Enterprise Registration Form

Individual Information

Name

Last

First

Mid. Initials

Date of Birth

DD MMM YYYY

Male

Female

Nationality

Occupation

Driver's Licence/National ID

Marital Status

Email Address

N.I.S No.

Enterprise Information

Registered Name

Phone number

Mobile Number

Home Number

Start Date

DD MMM YYYY

Fiscal Year Starts

DD MMM

Trade Types

e.g. Wholesale, Retail, Manufacturing, Service, etc

Business Activity

e.g. Hotel, Restaurant, Insurance, Transport ,etc.

Contact Name

Contact Title

e.g. Manager, President, Supervisor, Vice president, Director, Etc

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

Name

Head Office?

Yes

No

Street

City/Village

Name

Street

City/Village

Name

Street

City/Village

Contact Name

Position

Spouse Information (if married)

Name

Last

First

Mid. Initials

Maiden Name

Date of Birth

DD MMM YYYY

Home Address**Mailing Address**

Street

City/Village

Parish

Country

Banking information

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