



Inland Revenue Department

Non-Individual Registration Form

Enterprise Information

Enterprise Type	<input style="width: 100%;" type="text"/>		
Registered Name	<input style="width: 100%;" type="text"/>		
Registration No.	<input style="width: 150px;" type="text"/>	Court Registration Date:	<input style="width: 100px;" type="text"/>
Trade Name	<input style="width: 100%;" type="text"/>		
Work Phone No.	<input style="width: 150px;" type="text"/>	Email Address	<input style="width: 250px;" type="text"/>
Start Date	<input style="width: 150px;" type="text"/>	Cell Number	<input style="width: 100px;" type="text"/>
Fiscal Year Starts	<input style="width: 150px;" type="text"/>	Fiscal Year Ends	<input style="width: 100px;" type="text"/>
Business Activity	<input style="width: 200px;" type="text"/>	Trade Types	<input style="width: 200px;" type="text"/>
	e.g. Restaurant, Insurance, etc.		e.g Wholesale, Retail, Service, etc.

Business Address

Mailing Address

Street	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
City/Village	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Parish	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Country	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

List names of Directors/Partners?

Director/Partner	<input style="width: 100%;" type="text"/>	
Address	<input style="width: 450px;" type="text"/>	Contact No. <input style="width: 100px;" type="text"/>
Director/Partner	<input style="width: 100%;" type="text"/>	
Address	<input style="width: 450px;" type="text"/>	Contact No. <input style="width: 100px;" type="text"/>

List names of Directors/Partners?

Director/Partner

Address Contact No.

Director/Partner

Address Contact No.

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

Name Head Office? Yes No

Street City/Village

Contact Name

Position

Taxes and Licences Applicable (tick appropriate box or boxes below)

Taxes

Corporation Income Tax

Are you a Non-Individual Enterprise ? Yes No

P.A.Y.E.

Do you have any employees who earn in excess of \$36,000 per annum? Yes No

Do you have any employees who are non-residents? Yes No

Withholding Tax

Do you make any payments, in the categories below to non-residents
If yes, check the appropriate boxes below. Yes No

Interest Charges

Commissions

Management Charges

Discounts

Fees

Annuities or other periodic payments

Rental, lease premium lease

Royalties

Other

Value Added Tax /Excise Tax (If applicable, please complete VAT / and or Excise Tax Registration Forms)

Do you manufacture goods, or provide services?

If yes, check the appropriate box or boxes for the type of business(es) you operate.

Yes No

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Investor | <input type="checkbox"/> Wholesaler/Retailer | <input type="checkbox"/> Hotel, Guest House,
Restaurant etc. | <input type="checkbox"/> Other Taxable Service |
| <input type="checkbox"/> Manufacturing | | | |

Annual Stamp Tax

Do you carry out any form of business?

Yes No

Licences

Commercial Licences

Do any of the following business activities apply to your business(if you operate one)?

If yes, check the appropriate box or boxes below.

Yes No

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Bank | <input type="checkbox"/> Club | <input type="checkbox"/> Duty Free Shop | <input type="checkbox"/> Racing Pool Service |
| <input type="checkbox"/> Blasting | <input type="checkbox"/> Commercial Agent | <input type="checkbox"/> Guest House | <input type="checkbox"/> Real Estate Agent |
| <input type="checkbox"/> Bonded Warehouse | <input type="checkbox"/> Commercial Traveller | <input type="checkbox"/> Hotel | <input type="checkbox"/> Video Rental Outlet |
| <input type="checkbox"/> Brewery | <input type="checkbox"/> Commission Agent | <input type="checkbox"/> Motor Vehicle Dealer | <input type="checkbox"/> Travel Agency |
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Distillery | <input type="checkbox"/> Pesticide Dealer | |

Refreshment House Licence

Do you own a restaurant/cafeteria?

Yes No

Liquor Dealer Licence

Do you sell alcoholic beverages

Yes No

Fireman Licence

Does the company own, or sell firearms?

If yes, check the appropriate box/boxes

Yes No

- Dealer Owner

Motor Vehicle Licence

Does the company own one, or more vehicles?

Yes No

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

Name

Title

Signature

Date

Official Use Only

Taxpayer No.

Enterprise No.

Registration Officer

Date