



**NATIONAL REVENUE AUTHORITY  
DOMESTIC TAX DEPARTMENT(DTD)  
Republic of Sierra Leone**

**DTD 003A**

**HEAD OFFICE DETAILS**

**DTD BRANCH FORM**

**Section A**

Name of Business or Proprietor [1]			
Address of Principal place of business [2]			
	Town/District/Region	/	/
Taxpayer Identification No.(TIN) {if any} [3]	<input type="text"/>	<input type="text"/>	Mobile [3] <input type="text"/>

**BRANCH 1**

**BRANCH DETAILS**

**Section B**

Branch Name [5]			
Branch Address [5]			
	Town/District/Region	/	/

**BRANCH 2**

Branch Name [4]			
Branch Address [5]			
	Town/District/Region	/	/

**BRANCH 3**

Branch Name [4]			
Branch Address [5]			
	Town/District/Region	/	/

**BRANCH 4**

Branch Name [4]			
Branch Address [5]			
	Town/District/Region	/	/

**CERTIFICATE**

**Section C**

[6] I <input style="width:500px;" type="text"/>	declare that the informaton given above are correct and complete		
	(Full name of signatory in BLOCK LETTERS)	Day	Month
Position [7] <input style="width:150px;" type="text"/>	Signature [8] .....	Date [9]	<input style="width:50px;" type="text"/>

**FOR NRA OFFICIAL USE ONLY**

**Section D**

Approved by officer [10]	<input style="width:150px;" type="text"/>	Taxpayer Identification No.(TIN)	[12] <input type="text"/>
Entered By [11]	<input style="width:150px;" type="text"/>		<input type="text"/>

# DTD 003A COMPLETION NOTES

*If you have more than 4 branches please ask for 'DTD003B' for the additional branch(es)*

If you need clarification or assistance in completing this form please contact the Domestic Tax Department (DTD) 17/19 Wellington Street Freetown

Box Number

- 1** - Enter FULL NAME as follows
- \* **Sole Proprietor** - Title (Mr./Mrs./Miss/Dr.) followed by other name (s) and surname
  - \* **Partnership** - Registered name of the partnership.
  - \* **Company** - Name of company as entered on the Certificate of Incorporation
- 2** - Enter details for your principal place where the Head Office day to day business is conducted.
- 3** - Enter your Taxpayer Identification Number (TIN).
- 4** - Enter the full name of your branch. If you have more than four(4) branches, then you must request for a supplementary form from GST Administration Unit or make photocopies of this fill sections A,B and C and attach the completed forms.
- 5** - The Physical location of each branch(es) must be enter. Provide streets address(es) and leave out phrases like "near the bridge" etc.
- 6 - 9** - Certificate to be completed as follows:
- \* **Sole Proprietor** - only by the Sole Proprietor himself/herself
  - \* **Partnership** - one of the Partners
  - \* **Company** - a Director or Company Secretary
  - \* **SOE/Public Corporation** - a Director or Company Secretary
  - \* **Others** - Legally responsible person
- 10 - 12** - DO NOT FILL ITEMS 10-12