



**NATIONAL REVENUE AUTHORITY  
Domestic Tax Department (DTD)  
Republic of Sierra Leone**

**DTD 001A**

FOR PARTNERSHIP,  
Companies, NGO'S, MDA'S

**Section A**

**TAXPAYER INFORMATION FORM**

Name of Business [1]

Trading Name [2]

**Taxpayer Identification No.(TIN) {if any} [3]**

Trading Commenced (or will commence) [4]

Business Address [5] Street   
Town/District/Region

Telephone No. and E-mail [6] Land Line  Mobile   
Email Address

Web site Address

skype or other social network address

Type of Taxpayer (Tick One) [7] Partnership  Private Ltd Company  Public Ltd Company  Charity,NGO's   
State owned Enterprise  Others  If others specify [8] .....

Registration date [9]  Registration Number [10]

Annual Turnover (12 months sales) [11] In Words .....

Figures (Le)

Describe your business activities. E.g.restaurant,spare parts[12]

Sector (see note for help) [13]  Auditor [14]

Contact Person [15]                      Position                      Phone No.                      Email Address

- 1
- 2
- 3

**Section B**

**CERTIFICATE**

[16] I  declare that the informaton given above are correct and complete  
(Full name of signatory in BLOCK LETTERS)

Position .Eg Partner, Director etc [17]  Signature ..... Date

**Section C**

**FOR NRA OFFICIAL USE ONLY**

Approved by officer [18]  Tax Centre [19]  Business Sector Code [19]

Entered By [20]  Taxpayer Identification No.(TIN) [21]

## DTD 001A COMPLETION NOTES

**please request for next form- DTD 002 .If you have branch(es) please ask for 'DTD003A Form' for the Branch(es)**

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

### GUIDANCE NOTES

This form is to be completed for Businesses other than Sole Proprietorships or Individuals.

Attach a photocopy of Certificate of Registration. Request for the other two forms-**DTD002 and DTD 003A** to complete the DTIS registration

Box Number

- 1** - Enter name of business as entered on Certificate of Incorporation or registered name of the partnership
- 2** - If you have a trading name different from that at [1] above - enter here. If not leave it blank.
- 3** - Enter your Taxpayer Identification Number (TIN)
- 4** - Enter the date you started trading or intend to start you trading
- 6** - Enter details for your principal place of business - the address from which your day today business affairs are conducted. Current E-mail address, number of land- line and mobile phone of the business, Web site address, Skype address or any social networking address.
- 7-8** - Who owns the business? - Tick one box only for the legal entity. For "other"s give further details at box [8] below.E.g. Clubs, Charities, Diplomatic Missions.
- 9-10** - The Registration number on the Administrator and Registrar General 's Certificate. Every registered business must have this number/TIN and date of registration. In the case of non-profit organisations (e.g. MDA's, etc) Certificate of registration issued by the relevant authorising body is required. This information must be provided.
- 10** - Enter the total value of all sales/turnover for the last 12 month period. This should include standard rated, zero rated, exempt and institutional relief sales. (Give the figures to the nearest thousand leones).
- 11** - Enter the total value of sales/turnover for the last 12 month period).
- 12** - State the main business activity(ies) or type of goods and services your are engaged in.
- 13** - Choose the applicable Sector: Aerospace, Defence and Marine, Agriculture & Agri-processing, Chemicals, Clothing & Textiles Construction & Materials, Creative Industries;Delivery Services/Logistics, Education, Electronics; Energy; Engineering; Environment & Waste; Gaming and Betting; Mining and Extractive Industries; Financial Services; Fisheries & Marine Resources; Food and Drink, Forestry; Healthcare; Pharmaceuticals & Biotechnology; ICT - Information & Communication Technology; Insurance; Manufacturing; Media; Mining & Metals; Oil & Gas; Personal & Household Goods; Public Sector Entity; Research & Development; General Merchandise, Sports and Recreation; Technical Consultancy; Telecommunications; Tourism & Leisure; Transportation and Vehicles; Utilities; Water;
- 14** - Name of External Auditor/ Accountant of the business
- 15** - Name of contact person. A person in management position in the business, who interact with NRA
- 16 - 17** - Certificate to be completed as follows:

- \* **Partnership** - one of the Partners
- \* **Company** - a Director or Company Secretary
- \* **SOE/Public Corporation** -a Director or Company Secretary
- \* **Others** -Legally responsible person

**18 - 21** - DO NOT FILL ITEMS 18-21