



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

GST 001B

Supplementary Form

HEAD OFFICE DETAILS

DTD SUPPLEMENTARY BRANCH

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]							-	

BRANCH

BRANCH DETAILS

Section B

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

BRANCH

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

BRANCH

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

BRANCH

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

CERTIFICATE

Section C

[6]	I	<input style="width:100%;" type="text"/>	declare that the informaton given above are correct and complete		
		(Full name of signatory in BLOCK LETTERS)	Day	Month	Year
Position [7]	<input style="width:100%;" type="text"/>	Signature [8]	Date [9]	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

FOR NRA OFFICIAL USE ONLY

Section D

Approved by officer [10]								
Entered By [11]								
Taxpayer Identification No.(TIN)							-	

[12]

GST 001B COMPLETION NOTES

If you need clarification or assistance in completing this form please contact the GST Administration Unit, Groundfloor, Gladvic House, 19 Wellington Street, Tel Nos. 078/077/033/030 970844

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

Please remember - If you do not apply for registration at the appropriate time you are committing an offence and will be liable to a penalty.