

INDIVIDUAL/PERSONAL RESIDENTIAL PREMISES RENT INFORMATION FORM

BUSINESS/ORGANISATION NAME		
TIN		
PROPRIETOR/OWNER(S)/ DIRECTOR(S)		
BUSINESS ADDRESS		
ARE THE RESIDENTIAL PREMISES OF THE OWNER(S)/ DIRECTOR(S)/ SENIOR OFFICER(S) OF YOUR ORGANISATION/ BUSINESS OWNED OR RENTED?		
IF RENTED, HOW MANY?		
PROPERTY 1:		
LANDLORD'S NAME & TIN		
LANDLORD'S ADDRESS		
LANDLORD'S CONTACT NUMBER(S):		
LANDLORD'S EMAIL ADDRESS:		
YEARLY RENT/LEASE PAID		
PERIOD OF RENT/ LEASE		
PROPERTY 2:		
LANDLORD'S NAME & TIN		
LANDLORD'S ADDRESS		
LANDLORD'S CONTACT NUMBER(S):		
LANDLORD'S EMAIL ADDRESS:		
YEARLY RENT/LEASE PAID		
PERIOD OF RENT/ LEASE		
<p>I.....declare that the information given above are correct and complete.</p>		
..... Signature Position Date
FOR NRA OFFICIAL USE ONLY		
..... Received by: Name & Signature Date Received Assigned Tax Center
..... Date Entered into DTIS Data Entry Officer	

Notes:

1. Please complete the form by filling all the information required.
2. Please request additional form(s) if the owners/directors/senior officers are renting or leasing more than two (2) premises.
3. Please note that false information given on this form amounts to tax evasion with a **fine of Le50 Million** or to a term of imprisonment of 5 years in accordance with **Section 154** of the Income Tax Act 2000 as amended.
4. If property(ies) is/are owned please provide copy of City Rates.