



TAXPAYER IDENTIFICATION NUMBER BUSINESS REGISTRATION FORM

SEE PAGE 2 FOR GUIDANCE NOTES

1. Name of Legal Entity. 2. Name of Business (if Different from above)

3. Type of Legal Entity (Mark X in appropriate box): Partnership Private Ltd Company Public Ltd Company MDA NGO Other

4. Postal Address P.O. Box Street City/Town District

5. Business Location Address Street District City/Town

6. Telephone No and E-mail Address. Land line Mobile E-Mail Address

7. Activity/Industrial Classification (Mark X in appropriate box): Services Manufacturing Mining Farming/Fisheries Commerce Transport/Communication Finance/Insurance/Real Estate Construction Banking Government Other

8. Describe your Business Activity:

9. Estimate of Annual Turnover: In Words In figures Le

10. Administrator & Registrar General's Registration No 11. Income Tax File No. Custom ID No. (CIN)

12. Name of contact Person

13. Auditor/ Accountant

14. I... declare that the particulars given above are correct and complete. Full name Signature Position Date & Official Stamp

FOR NRA OFFICIAL USE ONLY 15. Date of Issue 16. TIN Assigned 17. Trade Activity Classification 18. Data Entry By: 19. Tax District

NOTES

- ☞ **This form is to be completed for Businesses other than Sole Proprietorships or Individuals.**
- ☞ **Attach a photocopy of Certificate of Registration.**
- ☞ **Please ensure that original certificate is presented for inspection as a basis for authentication of the photocopy at the NRA office when you are submitting the application.**

1. Enter name of business as entered on Certificate of Incorporation, or registered name of Partnership.
2. Trading name of business if it happens to differ from the registered name of the business.
3. Type of business Ownership: Partnership, Private Limited Company, Public Limited Company, Non-Governmental Organisation (NGO), Ministry Department or Agency of government (MDA) etc. If your business does not correspond to one of these boxes then you are probably a Sole Proprietorship and you must fill a different form.
4. Details of person's address- Post Office Box number , town (or area) and district in which post office is located. District could be one of the following: Western Area Urban, Western Area Rural, Kailahun, Kenema, Kono, Bombali, Kambia, Koinadugu, Port Loko, Tonkolili, Bo, Bonthe, Moyamba or Pujehum.
5. Physical location of principal place where business is conducted (i.e. head office if business is conducted at two or more places). Provide street address and leave out phrases like "near bridge" etc.
6. Current E-mail address, numbers of land-line and mobile phone of the business.
7. Activity /industrial classification: Mark **X** in appropriate box.
8. Describe business activities with main activity first. Please be specific.
9. Estimate of annual sales for the most recent year for which the figure is available. For a new business, give estimate of turnover for the first twelve months of the business.
10. The Registration number on the Administrator and Registrar General's certificate. Every registered business must have this number. In the case of non-profit organisations (e.g. NGOs & MDA's) certificate of registration issued by the relevant authorising body is required. This information must be provided.
11. Business file number assigned by the Income Tax Department, NRA and the number assigned by the Custom and Excise Department . If business have neither the Income Tax number nor the Custom Identification Number indicate it by writing "NA" in the appropriate field(s).
12. Name of contact person: A person in management position in the business, who interacts regularly with NRA on tax issues.
13. Name of External Auditor / Accountant of the business.
14. To be completed by Director or Company Secretary in the case of a company, or a partner in the case of partnership.

15-19 **DO NOT FILL ITEMS 15-19.**