

# ADDITIONAL INFORMATION (ORGANIZATIONS) BUSINESS BRANCHES

**► To be completed if Box 17 of Application for Taxpayer Registration Number (Organizations) Form is applicable**

1. Business Name	2. Taxpayer Registration Number (TRN)
3. Trade Name	4. Telephone number(s)
5. Fax Number(s)	6. E-mail Address
7. Business Address  <div style="text-align: right; border: 1px solid black; padding: 2px; width: 50px; float: right;">Code</div>	8. Business Mailing Address <i>(if different from Business address)</i>  <div style="text-align: right; border: 1px solid black; padding: 2px; width: 50px; float: right;">Code</div>
9. Date Business Acquired/ Started / To Start  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Year</span> <span>Month</span> <span>Day</span> </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 5px;"> <span>▶</span> <span> </span> <span> </span> <span> </span> <span> </span> <span> </span> <span> </span> <span> </span> </div>	10. Date First Employee Commenced Employment  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Year</span> <span>Month</span> <span>Day</span> </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 5px;"> <span>▶</span> <span> </span> <span> </span> <span> </span> <span> </span> <span> </span> </div>
11. If Acquired, State The Previous Owner's  Name:  Business Name:  TRN:	12. Date Accounting Year Begins  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Month</span> <span>Day</span> </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 5px;"> <span>▶</span> <span> </span> <span> </span> </div>
14. (a) NIS (Employer's) Number	13. TRN and Name of Auditing Firm / Accountant  TRN:  Name :
15. (a) Business Name Registration Number	15. (b) Date of Registration
16. Specify Nature of Business  <div style="text-align: right; border: 1px solid black; padding: 2px; width: 50px; float: right;">Code</div>	17. Usual Collectorate for Payments  <div style="text-align: right; border: 1px solid black; padding: 2px; width: 50px; float: right;">Code</div>

**DECLARATION**

18. I declare that the information given on this form is to the best of my knowledge and belief a true and correct statement.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

<p>Documents Presented:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Driver's Licence</td> <td><input type="checkbox"/> Certificate of Incorporation</td> </tr> <tr> <td><input type="checkbox"/> Passport</td> <td><input type="checkbox"/> NIS Reference Card</td> </tr> <tr> <td><input type="checkbox"/> National ID <input type="checkbox"/> Old <input type="checkbox"/> New</td> <td><input type="checkbox"/> NIS Clearance Letter</td> </tr> <tr> <td><input type="checkbox"/> Business Name Registration Certificate</td> <td><input type="checkbox"/> Other, Specify: _____</td> </tr> </table>	<input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Passport	<input type="checkbox"/> NIS Reference Card	<input type="checkbox"/> National ID <input type="checkbox"/> Old <input type="checkbox"/> New	<input type="checkbox"/> NIS Clearance Letter	<input type="checkbox"/> Business Name Registration Certificate	<input type="checkbox"/> Other, Specify: _____	Remarks	Stamp- Receiving Office
<input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Certificate of Incorporation									
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<input type="checkbox"/> Business Name Registration Certificate	<input type="checkbox"/> Other, Specify: _____									
Processing Officer's Name	Processing Officer's Signature	Date	Agency Code  T   R   -							