



THE REVENUE ADMINISTRATION ACT
APPLICATION FOR TAXPAYER REGISTRATION (ORGANIZATIONS)

FORM 2

▶ **PLEASE SEE INSTRUCTIONS OVERLEAF BEFORE COMPLETING THIS FORM**

| SECTION A | | | |
|--|--------------------|--|--|
| Type of Application (<i>Tick appropriate box</i>) <input type="checkbox"/> First application <input type="checkbox"/> Amended application (<i>If amended, complete only relevant boxes</i>) | | Taxpayer Registration Number (TRN) | |
| 1. Business Name | | 2. Trade Name | |
| 3. Telephone Number(s) | 3(a) Fax Number(s) | 3(b) E-mail Address | |
| 4. Business Address (<i>Apt. No., Street No. & Name, Postal Zone, Parish</i>) | | 5. Business Mailing Address (<i>If different from Business Address</i>) | |
| 6. Date Business Acquired/ Started/To Start | | 7. Date First Employee Commenced Employment | |
| 8. If Acquired, State the previous - (<i>Last, First, Middle</i>) | | 9. Date Accounting Year Begins | |
| Owner's Name: Business Name: TRN: | | 10. Name of Auditing Firm/ Accountant: TRN: | |
| 11. Income Tax No.; | | NIS (Employer's) No.; | |
| Company Registration No.; | | Date of Registration: | |
| 12. Specify Nature of Business | | | |
| 13. Usual Collectorate for Payment | | 14. Type of Organization | |
| | | 1 <input type="checkbox"/> Limited Company 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Non-Profit Organization 4 <input type="checkbox"/> Trust 5 <input type="checkbox"/> Government 6 <input type="checkbox"/> Statutory Body 7 <input type="checkbox"/> Other (<i>Specify</i>): _____ | |
| 15. Principal Officer's Name: (<i>Last, First, Middle</i>) | | Title: | |
| Individual TRN: | | Date Responsibility Commenced: | |
| ▶ List Directors or other Senior Officers in Box 15/16 continued overleaf | | | |
| 16. State number of Directors or other Senior Officers/Partners in box and list overleaf | | | |
| FOR OFFICIAL USE ONLY | | | |
| Documents Presented | | Status: | |
| <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Constituting Documents <input type="checkbox"/> NIS Reference Card <input type="checkbox"/> NIS Clearance Letter <input type="checkbox"/> Business Name Registration Certificate | | <input type="checkbox"/> New <input type="checkbox"/> Update | |
| | | Remarks: | |
| | | Receiving Office: ▶ Date: ▶ Agency ▶ (Official Stamp) | |
| Processing Officer's Name | | Processing Officer's Signature | |

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

| | | | | |
|--|----------------|-------------------------------|-------|-----|
| 15/16. Directors or other Senior Officers/Partner 1) Name (Last, First, Middle) <i>(cont'd from overleaf)</i> | Individual TRN | Date Responsibility Commenced | | |
| | Title | Year | Month | Day |
| 2) Name (Last, First, Middle) | Individual TRN | Date Responsibility Commenced | | |
| | Title | Year | Month | Day |
| 3) Name (Last, First, Middle) | Individual TRN | Date Responsibility Commenced | | |
| | Title | Year | Month | Day |
| 4) Name (Last, First, Middle) | Individual TRN | Date Responsibility Commenced | | |
| | Title | Year | Month | Day |
| 5) Name (Last, First, Middle) | Individual TRN | Date Responsibility Commenced | | |
| | Title | Year | Month | Day |
| 6) Name (Last, First, Middle) | Individual TRN | Date Responsibility Commenced | | |
| | Title | Year | Month | Day |
| 7) Name (Last, First, Middle) | Individual TRN | Date Responsibility Commenced | | |
| | Title | Year | Month | Day |

(List others, if applicable, on additional sheet and attach)

17. If Business has Branches, state number of Branches in box; **and complete an additional form for each Branch**

SECTION B

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

Name _____

Signature _____

Title _____
(Director /Company Secretary)

Date _____



INSTRUCTIONS

- ▶ Please TYPE or PRINT. Use blue or black ink only. Complete ALL relevant boxes. Do NOT write in shaded areas.
- ▶ Tick (✓) appropriate box(es) where required.
- ▶ Box 18: Applications should ONLY be signed by a Director or Company secretary.
- ▶ Return completed form to the Taxpayer Registration Centre (TRC) or nearest Collectorate along with original documents and an additional form for each branch, if applicable.