



THE REVENUE ADMINISTRATION ACT  
**APPLICATION FOR TAXPAYER REGISTRATION (ORGANIZATIONS)**

**FORM 2**

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

<b>SECTION A</b>																							
Type of Application ( <i>Tick appropriate box</i> ) <input type="checkbox"/> <b>First application</b> <input type="checkbox"/> <b>Amended application</b> ( <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. &amp; Name, Postal Zone, Parish</i> )		5. Business Mailing Address ( <i>If different from Business Address</i> )																					
Code: <table border="1" style="display: inline-table; width: 100px; height: 20px; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												Code: <table border="1" style="display: inline-table; width: 100px; height: 20px; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
6. Date Business Acquired/ Started/To Start ▶	Year	Month	Day																				
7. Date First Employee Commenced Employment ▶	Year	Month	Day																				
8. If Acquired, State the previous - ( <i>Last, First, Middle</i> )  Owner's Name:  Business Name:  TRN:		9. Date Accounting Year Begins ▶																					
		Month																					
		Day																					
		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																							
Code: <table border="1" style="display: inline-table; width: 100%; height: 20px; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																							
13. Usual Collectorate for Payment		14. Type of Organization																					
Code: <table border="1" style="display: inline-table; width: 100px; height: 20px; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												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: ▶																					
▶ <b>List Directors or other Senior Officers in Box 15/16 continued overleaf</b>		Year	Month																				
		Day																					
16. State number of Directors or other Senior Officers/Partners in box <b>and list overleaf</b> ▶																							
<b>FOR OFFICIAL USE ONLY</b>																							
Documents Presented		Status: <input type="checkbox"/> New <input type="checkbox"/> Update																					
<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		Receiving Office: ▶ Date: ▶ Agency: ▶ (Official Stamp)																					
Processing Officer's Name		Processing Officer's Signature																					
<b>PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM</b>																							

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.