

TRN SUPPLEMENTAL INFORMATION (ORGANIZATIONS)

1. Business Name	2. TRN		
3. Trade Name	4. Telephone Number(s)		
5. Fax Number(s)	6. E-mail Address		
7. Business Address	8. Mailing Address <i>(if different from Business Address)</i>		
Code			Code
9. NIS (Employer's) Number	10(a) Company Registration Number		
	10(b) Date of Registration		
11. Specific Nature of Business	Code		
12. Type of Organization <input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Trust <input type="checkbox"/> Statutory Body <input type="checkbox"/> Government <input type="checkbox"/> Other, Specify: _____			
13(a) Principal Officer's Name and TRN <i>(Last, First, Middle)</i> Name: TRN:	13(b) Principal Officer's Title		
	13(c) Date Responsibility Commenced		
14. Other Correction(s)			
DECLARATION			
15. I declare that the information given on this form is to the best of my know ledge and belief a true and correct Statement.			
Name _____		Title _____	
Signature _____		Date _____	
FOR OFFICIAL USE ONLY			
Documents Presented: <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"/> NIS Clearance Letter <input type="checkbox"/> Old <input type="checkbox"/> New <input type="checkbox"/> Other, Specify: <input type="checkbox"/> Business Name <input type="checkbox"/> Registration Certificate		Remarks	Stamp- Receiving Office
Processing Officer's Name	Processing Officer's Signature	Date	Agency Code
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