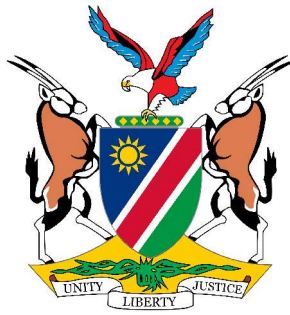


MINISTRY OF FINANCE
Inland Revenue Department



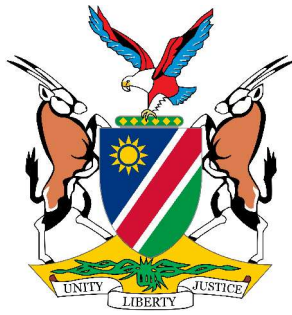
**REGISTRATION FOR
INCOME TAX
INDIVIDUAL**

Income Tax Office					
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	ID Type number <input type="text"/>
First names	<input type="text"/>				
Surname			Postal Address	<input type="text"/>	
Trade Name (If Applicable)	<input type="text"/>				
Residential address	<input type="text"/>				
Mobile Phone Number	<input type="text"/>				
E-Mail address	<input type="text"/>				
Residency	Resident	<input type="checkbox"/>	Non-Resident	<input type="checkbox"/>	
Type of ID	ID Card	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Passport <input type="checkbox"/> Asylum Permit <input type="checkbox"/>
Marital Status <small>(if married, complete page 2 for spouse)</small>	Single	<input type="checkbox"/>	Married *	<input type="checkbox"/>	Divorced <input type="checkbox"/> Widow <input type="checkbox"/>

TAX TYPE INFORMATION					
Taxpayer type	<input type="checkbox"/>	Individual Salaried / Pensioner	<input type="checkbox"/>	Individual for farmer and Business	
	<input type="checkbox"/>	Individual for Farmer	<input type="checkbox"/>	Individual for Business	
	<input type="checkbox"/>	Other Individual (Professional)	<input type="checkbox"/>	Individual below (Threshold)	
Occupation	<input type="text"/>				
Other sources of income	<input type="text"/>				
Date of employment	<input type="text"/>				
REPRESENTATIVE DETAILS	Bookkeeper	<input type="checkbox"/>	Accounting Officer	<input type="checkbox"/>	Employer <input type="checkbox"/>
Name of Representative	<input type="text"/>				
Practice Name			Postal Address	<input type="text"/>	
Practice registration number	<input type="text"/>				
Name of Professional Association	<input type="text"/>				
Membership number	<input type="text"/>				

BANKING DETAILS				
Name of bank	<input type="text"/>	Branch name	<input type="text"/>	
Name of account	<input type="text"/>	Branch number	<input type="text"/>	
Type of account	<input type="text"/>	Account number	<input type="text"/>	
Signature of MEMBER which is the account holder	<input type="text"/>		Date	<input type="text"/>

MINISTRY OF FINANCE
Inland Revenue Department



**REGISTRATION FOR
INCOME TAX
INDIVIDUAL
SPOUSE DETAILS**

Income Tax Office						Income Tax Number	<input style="width:100%;" type="text"/>		
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	ID Type number		<input style="width:100%;" type="text"/>		
First names	<input style="width:100%;" type="text"/>								
Surname						Postal Address	<input style="width:100%;" type="text"/>		
Trade Name (If Applicable)	<input style="width:100%;" type="text"/>								
Residential address	<input style="width:100%;" type="text"/>								
Mobile Phone Number	<input style="width:100%;" type="text"/>								
E-Mail address	<input style="width:100%;" type="text"/>								
Residency	Resident	<input type="checkbox"/>	Non-Resident	<input type="checkbox"/>					
Type of ID	ID Card	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Asylum Permit	<input type="checkbox"/>	

BANKING DETAILS

Name of bank	<input style="width:90%;" type="text"/>	Branch name	<input style="width:90%;" type="text"/>	
Name of account	<input style="width:90%;" type="text"/>	Branch number	<input style="width:90%;" type="text"/>	
Type of account	<input style="width:90%;" type="text"/>	Account number	<input style="width:90%;" type="text"/>	
Signature of MEMBER which is the account holder	<input style="width:100%; height: 40px;" type="text"/>		Date	<input style="width:90%; height: 30px;" type="text"/>

THE FOLLOWING DOCUMENTS ARE COMPULSORY

Certified copy of ID Document

Bank Confirmation letter

OFFICE USE ONLY