

## THE REVENUE ADMINISTRATION ACT

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**APPLICATION FOR TAXPAYER REGISTRATION (INDIVIDUALS)** 

▶ PLEASE SEE INSTRUCTIONS OVERLEAF BEFORE COMPLETING THIS FORM

SECTION A											
Type of application (Tick appropriate box)				Taxpayer Regis	stration Number	(TRN)					
First application											
Amended application (	(If amended, complete only	relevant bo	oxes)								
1. Name -				2. Name at Birt	h - (If different from	n1.)					
Last:				Last:							
First:				First:							
Middle:				Middle:							
3. Reason for Name Change		4. Sex		5. Marital Statu	S	6. Date	e of B	irth			
Adoption	Marriage		ale	Single	Divorced	Year		I	Month	I	Day
Deed Poll	Other		emale	Married	Widowed						
7. Country of Birth		8. Pari	sh of Birtl	h	9. P	lace of	Birth				
Jamaica Other	Code				Code						
(If Other, Specify) ▶					Code						
10. Nationality	• •	•		11. Telephone N	Number(s)					_	
Jamaican O	Other			Home	•						
(If Other, Specify)		Coc	le.	Work	•						
12. Home Address (Apt. No., Street	No. & Name, Postal Zone	e, Parish)	4	13(a) E-mail Add	lress						
				•							
				13(b) Mailing Ad	ddress (If Differe	ent FromH	ome Ad	dress)			
			Code							Co	de····
14 Motherle Name (MAIDEN) C	t Middle)			15 Nome of Arr	alicantia Grauss		<b>-</b> : · ·	1:-1-4 \			
14. Mother's Name (MADEN) First	ı, iviladiej			15. Name of App	oncant's spouse	≠ (Last, I	⊢ırst, M	uddle)			
16. (a) NIS Number:	17.	Please p	rovide <u>ON</u> s Licence	<u>IE(</u> 1) of the follo	owing three (3) i	dentific	ations	s (ID):			
(b) Income Tax					(Birtf						
Reference No.:			al ID No: _			ficate No.					_ )
		Passpo	ort No.		(Pass Type	•					
18. Occupation/Profession	19.	Do you o	carry on a	Trade, Business					/ [		
		Yes	lf ye	es, complete Sect				Г			
Octor				<ul> <li>state numbe</li> <li>complete an</li> </ul>	er of businesses i additional form	n box ▶ for eac	:h				
		No	lf n	o, complete Secti							
			OFFICIA	LUSE ONLY							
Identification Presented	Documents Presente	ed	Receiving Office: •			Remarks	•				
Passport Driver's Licence	NIS Reference Card		Date:								
		Agency Code: 🕨									
	Status		(Official								
Other	New 🔲 Up	pdated	Stamp)								
Processing Officer's Name			Processing C	Officer's Signature							
	PLEASE SEE OV	/ERLEA	F FOR CO	NTINUATION O	FFORM						
Earms 1 (learned 2002/00)						Toy Adv		tion Com	inen Der	o rtmo	

Form 1 (Issued 2002/08)

SECTION B (To be Completed by Persons Car	rying on a	Trade/Business/Profess	ion)					
20. Trade /Business Name	21. Telephone Number(s)							
	21(a) Fax Number(s)							
21(b) Business Address (Apt.No., Street No. & Name, Postal Zor	ne,Parish)	21(c) Business Mailing Address	(if differe	nt from Bus	iness Addre	iss)		
	Code					Code		
21(d) E-mail Address	:::: ::::	22. Date Business Acquired/						
		Started/To Start	Year		Month	Day		
23. If Acquired, state the previous - (Last, First, Middle)		24. Date First Employee						
		Commenced Employment	Year		Month	Day		
Owner's Name:			, ,	1				
Business Name:		25. Date Accounting Year Begin	ns		Month	Day		
TRN:								
26. NIS (Employer's) No.:		27. Name of Auditing						
Business Name Registration No.:		Firm/ Accountant:						
Date of Registration:		TRN:						
28. Specify Nature of Business		29. Usual Collectorate for Payments						
Code					Cod	e		
SECTION C						+ • • • • • • • • • •		
30. Employer's Name and Address		31. Collectorate/Agency at white TRN Card	ch you De	sire to C	ollect yo	ur		
	31(a) Collectorate nearest your Home Address							
32. I declare that the information given in this form is to	o the best o	f my knowledge and belief true	and corre	ect.				
Applicant's Name		Applicant's Signature						
Date								
	INSTRUC	TIONS						
<ul> <li>Please TYPE or PRINT. Use blue or black ink only. Complete <u>ALL</u> relevant boxes. Do NOT write in shaded areas.</li> <li>Tick ( v) appropriate box(es) where required</li> </ul>								
▶ Boxes 1 and 2: At 'Middle ', please state all your middle names if more than one.								
Fox 17: provide at least one (1) valid ID. If National (NB: Baptismal Certificate and a Certificate of Birth Applicants using a Birth Certificate and a certified	Registratio	n, that is , "pink form", will not	be accep	ted.)				
Applications should be signed by applicants ONLY of Attorney.	. Persons si	gning on behalf of applicants	MUST pro	vide a va	lid Powe	er		
Return completed form to the Taxpayer Registration ID, original documents and an additional form for each statement.			g with ap	propriat	e			