# SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT NON-INDIVIDUAL ENTERPRISE REGISTRATION

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A. R.		J. WEW.
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#### **SECTION 1 - APPLICANT**

CORPORATION	LIMITED	PARTNERSHIP	JOINT VENTURE	NON-PROI	₹IT
OTHER (SPECIFY)					
REGISTERED NAME:					_
REGISTRATION NO.:			REG. DATE:	DAY / MOI	NTH /YEAR
TRADE NAME:					
START DATE:	DAY / MONT	H /YEAR	END DATE:	DAY / MOI	NTH /YEAR
FISCAL YEAR START:	DAY / MONT	Н	FISCAL YEAR END:	DAY / MOI	NTH
RESIDENT:	YES	NO	SOCIAL S	ECURITY NO.:	
MAILING ADDRESS:					
CITY / TOWN / VILLAGE:			PARISH:		
COUNTRY:			CODE:		
PHONE:		FAX:		MOBILE :	
E-MAIL ADDRESS:					
CONTACT NAME:					
CONTACT POSITION:					
1.	Details of direc	tors, partners, owners	of the enterprise are to b	e completed on pa	ige 3.
2. Add	itional details on phy	sical establishments	(locations) of the compan	y are to be comple	ted on page 4.
3.	Deta	ails on joint venture pa	artners are to be complete	ed on page 5.	
SECTION 2 - BUSINESS	ACTIVITY DETAIL	LS			
PRIMARY BUSINESS AC	TIVITY:				
ESTIMATE	ED GROSS SALES:				
SECONDARY BUSINESS	ACTIVITY:				
ESTIMATE	ED GROSS SALES:				

## **SECTION 3 - REPRESENTATION**

REPRESENTATIVE NAME:														
POSITION:														
PHONE:		FAX :		MOBILE :										
LAWYER	TRUSTEE	LIQUID	ATOR	AGENT										
OTHER (SPECIFY														
CTION 4 - ACCOUNTANT														
NAME:														
ADDRESS:														
CITY / TOWN / VILLAGE:			PARISH:											
MAILING ADDRESS:														
CITY / TOWN / VILLAGE:			PARISH:											
COUNTRY:			CODE:											
PHONE:		FAX :		MOBILE :										
E-MAIL ADDRESS:														
SECTION 5 - FOREIGN PA	RENT													
REGISTERED NAME:														
BUSINESS ADDRESS:														
CITY / TOWN / VILLAGE:			STATE:											
MAILING ADDRESS:														
CITY / TOWN / VILLAGE:			STATE:											
COUNTRY:			CODE:											
CONTACT:														
POSITION:														
PHONE:		FAX:												
E-MAIL ADDRESS:		<u> </u>												

## **SECTION 6 - FINANCIAL DETAILS**

This page can be copied if additional space is required.

LUCAL BANK				
BANK NAME:				
ADDRESS:				
PHONE:		FAX:		
E-MAIL ADDRESS:				
ACCOUNT NUMBER:			ACCOUNT NUMBER:	
FOREIGN BANK				
BANK NAME:				
ADDRESS:				
PHONE:		FAX:		
E-MAIL ADDRESS:			Г	
ACCOUNT NUMBER:			ACCOUNT NUMBER:	
_	SHMENTS / PHYSICAL LO	CATIONS		
1. HEAD OFFIC	YES YES	NO		
TRADE NAM	E:			
ADDRES	S:			
CITY / TOWN / VILLAG	E:		PARISH:	
ISLAN	D:			
2. HEAD OFFICE	CE YES	NO		
TRADE NAM	E:			
ADDRES	S:			
CITY / TOWN / VILLAG	E:		PARISH:	
ISLAN	D:			
3. HEAD OFFICE	CE YES	NO		
TRADE NAM	E:			
ADDRES	S:			
CITY / TOWN / VILLAG	E:		PARISH:	
ISLAN	D:			

## **SECTION 8 - OWNERS / DIRECTORS**

This page may be copied if additional space is required.

1.	TAXPAYER NO. (TIN):					SOCIAL S	SECURITY NO.:				
	LAST NAME:					FIRST NAME:					
	MIDDLE NAME(S):										
	DATE OF BIRTH:										
	ADDRESS:										
	CITY / TOWN / VILLAGE:					STATE:					
	COUNTRY:					CODE:					
	E-MAIL ADDRESS:										
	POSITION:						PERCENT	OWNE	D:		
					1						
2.	TAXPAYER NO. (TIN):					SOCIAL S	SECURITY NO.:				
	LAST NAME:					FIRST NAME:					
	MIDDLE NAME(S):										
	DATE OF BIRTH:										
	ADDRESS:										
	CITY / TOWN / VILLAGE:					STATE:					
	COUNTRY:					CODE:					
	E-MAIL ADDRESS:										
	POSITION:						PERCENT	OWNE	D:		
3.	TAXPAYER NO. (TIN):					SOCIAL S	SECURITY NO.:				
	LAST NAME:				J	FIRST NAME:					
	MIDDLE NAME(S):										
	DATE OF BIRTH:										
	ADDRESS:										
	CITY / TOWN / VILLAGE:					STATE:					
	COUNTRY:					CODE:					
	E-MAIL ADDRESS:										
	POSITION:						PERCENT	OWNE	D:		

## **SECTION 1 - CONTINUED (JOINT VENTURE PARTNERS)**

1.	TAXPAYER NO. (TIN):			SOCIAL	SECURITY NO.:			
	NAME:							
	ADDRESS:							
	CITY / TOWN / VILLAGE:			STATE:				
	COUNTRY:			CODE:				
	E-MAIL ADDRESS:							
2.	TAXPAYER NO. (TIN):			SOCIAL	SECURITY NO.:			
	NAME:							
	ADDRESS:							
	CITY / TOWN / VILLAGE:			STATE:				
	COUNTRY:			CODE:				
	E-MAIL ADDRESS:							
3.	TAXPAYER NO. (TIN):			SOCIAL	SECURITY NO.:			
	NAME:							
	ADDRESS:							
	CITY / TOWN / VILLAGE:			STATE:				
	COUNTRY:			CODE:				
	E-MAIL ADDRESS:							
4.	TAXPAYER NO. (TIN):			SOCIAL	SECURITY NO.:			
	NAME:							
	ADDRESS:	 						
	CITY / TOWN / VILLAGE:			STATE:				
	CITY / TOWN / VILLAGE:  COUNTRY:			STATE: CODE:				

#### **SECTION 9 - DECLARATION**

I declare that the information given on this form is to the best of my knowledge and belief true and correct and that I have the authority to disclose the information provided. I understand that the Saint Christopher and Nevis Inland Revenue Department reserves the right to review and veify the information provided. Please be aware that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to imprisonment for a term of seven (7) years or to a fine of thirty-thousand (\$ 30,000.00) dollars.

FULL NAME:																	
TITLE:																	
									DATE:	DAY		/ <sub>MONTI</sub>	1		/YEAF	2	
				SI	GNATU	RE											
	SEC	TIO	N I	0 -	INLA	ND R	EVEN	UE DI	EPAR'	rmen'	r use	ONL	·Υ				
TAXPAYER NO. (TIN):									so	OCIAL SE	CURITY	/ NO.:					
VAT NO.:									ENTERI	PRISE NO	O.:						
TAXES AI	ND LIC	ENC	ES RI	EGIST	ERED												
Business and Oc	ссира	ition	Lice	nce													
Income Tax (con	pora	tion,	)														
								L 									
PRIMARY ISIC CODE:								SECO	NDARY I	ISIC COD	E:						
PROCESSED BY:										ı	DAY	/M	IONTH		YE	AR	
				:	SIGNAT	URE											
VERIFIED BY:										ı	DAY	M	IONTH		YE	AR	
					0101147												
APPROVED BY:					SIGNAT	UKE					DAY	<b>/</b> M	IONTH		/YE	AR	
74.71.01.22.2.11									]								
					SIGNAT	TURE											
1:																	
2:																	
3:																	
4:																	