GOVERNMENT OF ST. CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

INDIVIDUAL ENTERPRISE

REGISTRATION FORM

OWNER'S NAME:	First Name	Middle	Name	Surname	
SOCIAL SECURITY NUMB	ER:		DATE	OF BIRTH/	Mon YYYY
WORK PHONE NO [S] :	HC	ME PHONE NO. [S]:		ELL PHONE NO [S]:_	· · · · · · · · · · · · · · · · · · ·
		ENTERPRISE INFORM	MATION		
TRADE NAME:					
MAILING ADDRESS:	,				
PHONE NUMBER [S]:					
START DATE:	DMY	CLOSE DATE:	DM`		
FISCAL YEAR START:	DM	FISCAL YEAR CLOSE:	DM		
TRADE TYPE:	WHOLESALE RETAIL	MANUFACTURING	SERVICE	OTHER (SPECIFY)	
ACTIVITY:	BANKING HOTEL	RESTAURANT	INSURANCE	TRANSPORT	OTHER
CONTACT NAME:					
CONTACT TITLE:	PRESIDENT V-PRES	SIDENT DIRECTOR	MANAGER	SUPERVISOR	OTHER
	E INDICATE YOUR GROSS S (If exact amount not known		.RS 200	200	
(1) ENTERPRISE ESTABL	PLEASE NOTE: IF OWNER	OF ONLY ONE ESTABLISH OTHER BUSINESS NAMES			
NAME:				HEAD OFFICE: Y	ESNO
STREET:				CITY/VILLAGE:	
(2) ENTERPRISE ESTABL	ISHMENTS (AT LEAST ONE I	HEAD OFFICE MUST BE EN	TERED)		
NAME:				HEAD OFFICE: Y	ESNO
STREET:	Y			CITY/VILLAGE:	
(3) ENTERPRISE ESTABL	ISHMENTS (AT LEAST ONE I	HEAD OFFICE MUST BE EN	TERED)		
NAME:				HEAD OFFICE: Y	ESNO
STREET				CITY/VILLAGE:	
	ISHMENTS (AT LEAST ONE F		•		
				HEAD OFFICE: Y	
STREET:				CITY/VILLAGE:	

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I HEREBY NAME: TITLE: SIGNATU		THAT THE INFORMATION GIVEN ON THIS REGISTRATION FORM IS TRUE, CORRECT AND COMPLETE IN EVERY WAY.
DATE:		DAY MONTH YEAR:
		OFFICIAL USE ONLY
TAXPAYE	ER NUMBE	ER: ENTERPRISE NUMBER:
OPENING		\$
PENALTY		\$
INTEREST	1:	\$