SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

INS-01/S	INSURANCE REGISTRATION FEE													
TAXPAYER NO.:													END REVENUE DEPARTUE	
NAME OF TAXPAYER:									-					
TAX PERIOD:	MONT	Н					YEAR							
SECTION 1													4	
DATE OF ISS	UE		POLI	CY N	UMB	ER	١	/ALUE	OF F	POLIC	Y	PREMIUM PAYABLI	* \$2.00 PER THOUSAND TAX PAYABLE	
1													1	
2													2	
3													3	
4													4	
5													5	
6													6	
7													7	
8													8	
respect of any is SECTION 2 I declare that the informat review and adjust or reacheld responsible for (i) their actions, as defined subsequent tax related as	nation gaion pro ion pro issess the underst under ssessm f the lar	given by idea in tating the Thent.	of the d. I unform g, over Pleas	nis for nders ation erstation derived the second contraction and the second contraction at the s	ed or stand pro- ing onistra awa	s to the d that vided or om ation are that opher	ne besthe S for a itting and P t a pe	t of maint Coperior data	ny knochristed of und (dures who r	owled opher up to Act a makes	lge a and six y payind The a fai	and Nevis. Ind belief true and correct Nevis Inland Revenue I ears and the applicant/oment of any fees fines a he Perjury Act, which was declaration commits	ct and that I have the authority Department reserves the right to or their representatives will be and penalties associated with will affect the fees and any an offence under Section 5 of ant for a term of seven (7) years	
SIGNATORY FULL NAME:														
		01011										/		
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DOCUMENT NO.:												/	/	
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	DATE OF ISSUE	POLICY NUMBER	VALUE OF POLICY	PREMIUM PAYABLE	\$ 2.00 PER THOUSAND TAX PAYABLE
9					
10					1
11					1
12					1
13					1
14					1
15					1
16					1
17					1
18					1
19					1
20					2
21					2
22					2
23					2
24					2
25					2
26					2
27					2
28					
29					
30					3
31					3
32					3
33					3
34					3
35					3
36					3
37					3
38					3