SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

VAT-001a VAT APPLICATION FOR REGISTRATION SUPPLEMENTARY FORM

REGISTRATION FOR SOLE TRADERS, DIRECTORS, PARTNERS, COMPANIES OR JOINT VENTURES

1. TAXPAYER NO. (TIN):	:					s	OCIAL S	SECURITY NO.:						
LAST NAM	IE:					FIRST	NAME:							
MIDDLE NAME(S):													
DATE OF BIRT	H: DAY	/MON ⁻	тн	/ _Y	'EAR									
ADDRES	SS:											-		
CITY / TOWN / VILLAG	iE:					P	ARISH:							
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E-MAIL ADDRES	SS:				<u> </u>									
2. TAXPAYER NO. (TIN):	:					s	OCIAL S	SECURITY NO.:						
LAST NAM	IE:					FIRST	NAME:							
MIDDLE NAME(S):													
DATE OF BIRT	H: DAY	/MON ⁻	тн	/ _Y	'EAR									
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E-MAIL ADDRES	SS:													
ECTION 2 - DECLARATI	ON													
declare that the information ave the authority to disclose	given on this the informat	s application tion provided	form is to	the best o	of my kno	owledge	and bel	ief, true, correct	and c	omple	ete, aı	าd tha	ıt I	
FULL NAME:														
TITLE:														
					DA	TE: D	AY	MONTH			/YE	AR		

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