GHANA REVENUE AUTHORITY

TAXPAYER REGISTRATION FORM - ORGANISATION

(EXCLUDES ORGANISATIONS REGISTERED BY THE REGISTRAR-GENERAL'S DEPARTMENT)

COMPLETE FORM IN BLOCK LETTERS AND BLACK / BLUE INK ONLY A B C D *SEE PAGES 3 AND 4 FOR INSTRUCTIONS*

SECTION 1: PRIOR REGISTRATION ***(THIS FORM IS NOT FOR SALE)***

WERE YOU REGISTERED AS A TAXPAYER BEFORE OCT 2011? ☐ YES ☐ NO

SECTION 2: ORGANISATION CATEGORY

ORGANISATION TYPE (Tick one) ☐ MDA ☐ MMDA ☐ FOREIGN MISSION ☐ TRUST

☐ CO-OPERATIVE ☐ PUBLIC INSTITUTION ☐ OTHER

If OTHER Specify:

SECTION 3: ORGANISATIONAL DETAILS

ORGANISATION NAME

RESIDENT (tick one) ☐ YES ☐ NO

OTHER INFORMATION (tick applicable ones) ☐ IMPORTER ☐ EXPORTER ☐ TAX CONSULTANT

NATURE OF BUSINESS

TURNOVER IN GH¢

No OF EMPLOYEES

SECTION 4: PREVIOUS TAX REGISTRATION INFORMATION (Complete this section if you were a registered taxpayer before October 2011)

IRS TAX OFFICE

OLD TIN NUMBER

IRS TAX FILE #

SECTION 5: BUSINESS ADDRESS

HOUSE NUMBER BUILDING NAME

STREET NAME / PROMINENT LANDMARK

TOWN / CITY

LOCATION / AREA

POSTAL CODE

COUNTRY

REGION

DISTRICT

SECTION 6: POSTAL ADDRESS

Prefix *Number*

POSTAL TYPE (tick APPLICABLE) ☐ P. 0. BOX ☐ PMB ☐ DTD POSTAL NUMBER

BOX TOWN

BOX REGION

BOX LOCATION/AREA

SECTION 7: CONTACT METHOD

PHONE NUMBER MOBILE NUMBER

FAX

E-MAIL

WEBSITE

PREFERRED CONTACT METHOD (tick one) ☐ MOBILE ☐ EMAIL ☐ LETTER ☐ FAX

SECTION 8: BRANCHES

NAME	LOCATION	ADDRESS

SECTION 9: ASSOCIATED BUSINESS DETAILS

TIN	NAME	ADDRESS

SECTION 10: TRUSTEES/OFFICERS

TIN	NAME	ADDRESS

SECTION 11: DECLARATION

I, _____ declare that the information given above is correct and complete

full name of applicant

POSITION _____

SIGNATURE _____ **DATE** _____/_____/_____ *(DD/MM/YYYY)*

SECTION 12: OFFICE USE

ORIGINATING TAX OFFICE _____ **ASSIGNED TAX OFFICE** _____

VETTING OFFICER _____ **ISIC CODE**

DATE OF SUBMISSION ____/____/_____ **(DD/MM/YYYY)** **IRS TAX FILE #**

DATA ENTRY OFFICER _____ **DATE OF DATA ENTRY** ____/____/_____ **(DD/MM/YYYY)**

REMARKS **ISSUED TIN**