



**SECTION B (To be Completed by Persons Carrying on a Trade/Business/Profession)**

20. Trade /Business Name	21. Telephone Number(s)  ----- 21(a) Fax Number(s)
21(b) Business Address <i>(Apt.No., Street No. &amp; Name, Postal Zone, Parish)</i>    <div style="text-align: right;">Code: <input type="text"/></div>	21(c) Business Mailing Address <i>(if different from Business Address)</i>    <div style="text-align: right;">Code: <input type="text"/></div>
21(d) E-mail Address	22. Date Business Acquired/ Started/To Start  <div style="text-align: right;">                     Year                      Month                      Day                                                                                                                                                                                                                                                                                </div>
23. If Acquired, state the previous - <i>(Last, First, Middle)</i>  Owner's Name:  Business Name:  TRN:	24. Date First Employee Commenced Employment  <div style="text-align: right;">                     Year                      Month                      Day                                                                                                                                                                                                                                                                                </div> 25. Date Accounting Year Begins  <div style="text-align: right;">                     Month                      Day                                                                                                                             </div>
26. NIS (Employer's) No.:  Business Name Registration No.:  Date of Registration:	27. Name of Auditing Firm/ Accountant:  TRN:
28. Specify Nature of Business    <div style="text-align: right;">Code: <input type="text"/></div>	29. Usual Collectorate for Payments    <div style="text-align: right;">Code: <input type="text"/></div>

**SECTION C**

30. Employer's Name and Address	31. Collectorate/Agency at which you Desire to Collect your TRN Card  ----- 31(a) Collectorate nearest your Home Address
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32. I declare that the information given in this form is to the best of my knowledge and belief true and correct.

Applicant's Name	Applicant's Signature
Date	

**INSTRUCTIONS**

- ▶ Please TYPE or PRINT. Use blue or black ink only. Complete ALL relevant boxes. Do NOT write in shaded areas.
- ▶ Tick ( ✓ ) appropriate box(es) where required
- ▶ Boxes 1 and 2: At 'Middle ', please state all your middle names if more than one.
- ▶ Box 17: provide at least one (1) valid ID. If National ID is used, provide a certified copy of your Birth Certificate. (NB: Baptismal Certificate and a Certificate of Birth Registration, that is , "pink form", will not be accepted.) Applicants using a Birth Certificate and a certified photograph for ID must submit their applications in person.
- ▶ Applications should be signed by applicants ONLY. Persons signing on behalf of applicants MUST provide a valid Power of Attorney.
- ▶ Return completed form to the Taxpayer Registration Centre (TRC) or nearest Collectorate along with appropriate ID, original documents and an additional form for each branch, if applicable.