

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT
NON-INDIVIDUAL ENTERPRISE REGISTRATION



SECTION 1 - APPLICANT

CORPORATION LIMITED PARTNERSHIP JOINT VENTURE NON-PROFIT

OTHER (SPECIFY) _____

REGISTERED NAME: _____

REGISTRATION NO.: _____ REG. DATE: DAY / MONTH / YEAR

TRADE NAME: _____

START DATE: DAY / MONTH / YEAR END DATE: DAY / MONTH / YEAR

FISCAL YEAR START: DAY / MONTH FISCAL YEAR END: DAY / MONTH

RESIDENT: YES NO SOCIAL SECURITY NO.: _____

MAILING ADDRESS: _____

CITY / TOWN / VILLAGE: _____ PARISH: _____

COUNTRY: _____ CODE: _____

PHONE: _____ FAX : _____ MOBILE : _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____

CONTACT POSITION: _____

1. Details of directors, partners, owners of the enterprise are to be completed on page 3.
2. Additional details on physical establishments (locations) of the company are to be completed on page 4.
3. Details on joint venture partners are to be completed on page 5.

SECTION 2 - BUSINESS ACTIVITY DETAILS

PRIMARY BUSINESS ACTIVITY:

ESTIMATED GROSS SALES: _____

SECONDARY BUSINESS ACTIVITY:

ESTIMATED GROSS SALES: _____

SECTION 3 - REPRESENTATION

REPRESENTATIVE NAME:

POSITION:

PHONE: FAX : MOBILE :

LAWYER TRUSTEE LIQUIDATOR AGENT

OTHER (SPECIFY)

SECTION 4 - ACCOUNTANT

NAME:

ADDRESS:

CITY / TOWN / VILLAGE: PARISH:

MAILING ADDRESS:

CITY / TOWN / VILLAGE: PARISH:

COUNTRY: CODE:

PHONE: FAX : MOBILE :

E-MAIL ADDRESS:

SECTION 5 - FOREIGN PARENT

REGISTERED NAME:

BUSINESS ADDRESS:

CITY / TOWN / VILLAGE: STATE:

MAILING ADDRESS:

CITY / TOWN / VILLAGE: STATE:

COUNTRY: CODE:

CONTACT:

POSITION:

PHONE: FAX :

E-MAIL ADDRESS:

SECTION 6 - FINANCIAL DETAILS

This page can be copied if additional space is required.

LOCAL BANK

BANK NAME:

ADDRESS:

PHONE: FAX:

E-MAIL ADDRESS:

ACCOUNT NUMBER: ACCOUNT NUMBER:

FOREIGN BANK

BANK NAME:

ADDRESS:

PHONE: FAX:

E-MAIL ADDRESS:

ACCOUNT NUMBER: ACCOUNT NUMBER:

SECTION 7 - ESTABLISHMENTS / PHYSICAL LOCATIONS

1.

HEAD OFFICE YES NO

TRADE NAME:

ADDRESS:

CITY / TOWN / VILLAGE: PARISH:

ISLAND:

2.

HEAD OFFICE YES NO

TRADE NAME:

ADDRESS:

CITY / TOWN / VILLAGE: PARISH:

ISLAND:

3.

HEAD OFFICE YES NO

TRADE NAME:

ADDRESS:

CITY / TOWN / VILLAGE: PARISH:

ISLAND:

SECTION 9 - DECLARATION

I declare that the information given on this form is to the best of my knowledge and belief true and correct and that I have the authority to disclose the information provided. I understand that the Saint Christopher and Nevis Inland Revenue Department reserves the right to review and verify the information provided. Please be aware that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to imprisonment for a term of seven (7) years or to a fine of thirty-thousand (\$ 30,000.00) dollars.

FULL NAME:

TITLE:

DATE: / /

SIGNATURE

SECTION 10 - INLAND REVENUE DEPARTMENT USE ONLY

TAXPAYER NO. (TIN):

SOCIAL SECURITY NO.:

VAT NO.:

ENTERPRISE NO.:

TAXES AND LICENCES REGISTERED

<i>Business and Occupation Licence</i>	<input type="text"/>	<input type="text"/>
<i>Income Tax (corporation)</i>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PRIMARY ISIC CODE: SECONDARY ISIC CODE:

PROCESSED BY: / /

SIGNATURE

VERIFIED BY: / /

SIGNATURE

APPROVED BY: / /

SIGNATURE

- 1: _____
- 2: _____
- 3: _____
- 4: _____