

## Form No. 1 Registration

### Taxpayer's details

Name: .....

Legal Form:  Company, type: .....

Branch of Foreign Company, Place of the Head Office: .....

Natural person

Other: .....

Address:    Building                      Street                                      City                                      P.O Box

Telephone	Fax	Email	

### Activity's Details:

Date of incorporation	Date of commencing the activity or deriving the income

No. of CR or License	Date of issue	Issued by

Type of Activity	Number of branches

Description of activity (details of activity elements)	
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Accounting Period:  Calendar year                       Other: from ..... to .....

Accounting Basis:  Accruals     Cash                      Expected Revenues for 1st year

### Partners' Details:

Number	Paid up Capital

Name	Shareholding	Residence	Nationality	ID or Passport Number

- A statement of other partners (if any) must be enclosed.
- This table will not be filled for listed shareholding companies.

<b>Authorized Person:</b>	Name	Date of Birth	Nationality	Title
	ID Number	Validity Date		

<b>Legal Accountant (Auditor):</b>		
Name	License Number	Address
Telephone	Fax	

Mailing Address:  Taxpayer's Address: -----  
 Auditor's Address: -----  
 Other Address: -----

**Acknowledgement:**

I, the undersigned, hereby acknowledge that all the details above are accurate and assume full responsibility in case of the contrary. I am also committed to notify the Department of any change to these details within the period provided for in Article 12 of the Income Tax Law issued by Law 21 of 2009.

Date	Signature and seal
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Reserved to the Department	
File Number:-----	Card to be issued <input type="checkbox"/> Yes <input type="checkbox"/>
Date of Entry: -----	Card issuing Date: -----
	Card Validity Date: -----
Name of Employee	