

**SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT
GENERAL PARTNERSHIP REGISTRATION**



SECTION 1 - APPLICANT

REGISTERED NAME:

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.**

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 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 1 - CONTINUED (PARTNERS)

This page may be copied if additional space is required.

1. TAXPAYER NO. (TIN): SOCIAL SECURITY NO.:
LAST NAME: FIRST NAME:
MIDDLE NAME(S):
DATE OF BIRTH:
ADDRESS:
CITY / TOWN / VILLAGE: STATE:
COUNTRY: CODE:
E-MAIL ADDRESS:
POSITION: PERCENT OWNED:

2. TAXPAYER NO. (TIN): SOCIAL SECURITY NO.:
LAST NAME: FIRST NAME:
MIDDLE NAME(S):
DATE OF BIRTH:
ADDRESS:
CITY / TOWN / VILLAGE: STATE:
COUNTRY: CODE:
E-MAIL ADDRESS:
POSITION: PERCENT OWNED:

3. TAXPAYER NO. (TIN): SOCIAL SECURITY NO.:
LAST NAME: FIRST NAME:
MIDDLE NAME(S):
DATE OF BIRTH:
ADDRESS:
CITY / TOWN / VILLAGE: STATE:
COUNTRY: CODE:
E-MAIL ADDRESS:
POSITION: PERCENT OWNED:

SECTION 1 - CONTINUED (ESTABLISHMENTS / PHYSICAL LOCATIONS)

This page can be copied if additional space is required.

HEAD OFFICE YES NO

NAME:

ADDRESS:

CITY / TOWN / VILLAGE:

PARISH:

ISLAND:

SECTION 6 - 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: DAY / MONTH / YEAR

SIGNATURE

SECTION 7 - INLAND REVENUE DEPARTMENT USE ONLY

TAXPAYER NO. (TIN):

SOCIAL SECURITY NO.:

VAT NO.:

PRIMARY ISIC CODE:

SECONDARY ISIC CODE:

TAXES AND LICENCES REGISTERED

<i>Business and Occupation Licence</i>	<input type="checkbox"/>
<i>Unincorporated Business Tax (UBT)</i>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

PROCESSED BY:

DAY / MONTH / YEAR

SIGNATURE

VERIFIED BY:

DAY / MONTH / YEAR

SIGNATURE

APPROVED BY:

DAY / MONTH / YEAR

SIGNATURE