



# AKWA IBOM STATE INTERNAL REVENUE SERVICE

## NON-INDIVIDUAL TAX PAYER REGISTRATION

### ORGANIZATION DETAILS

_____	ORGANIZATION NAME	_____	DATE OF ESTABLISHMENT
_____	NATURE OF BUSINESS	_____	NO. OF EMPLOYEES
_____	JTB TIN	_____	FIRS TIN

### ORGANIZATION TYPE

Ltd./Plc    
  Enterprise    
  Co-Operative    
  Foreign Mission    
  Parastatal  
 Federal MDA    
  Donors    
  NGO    
  Civil Society Org.    
 Others

### IDENTIFICATION INFORMATION

_____	CAC / RC NUMBER	_____	BVN OF DIRECTOR
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### BUSINESS CONTACT INFORMATION

_____	PRIMARY PHONE NO.	_____	SECONDARY PHONE NO
_____	EMAIL	_____	WEBSITE

### PRIMARY ADDRESS

\_\_\_\_\_  
 HOUSE NUMBER  
 \_\_\_\_\_  
 STREET NAME  
 \_\_\_\_\_  
 LGA  
 \_\_\_\_\_  
 STATE

### SECONDARY ADDRESS

\_\_\_\_\_  
 HOUSE NUMBER  
 \_\_\_\_\_  
 STREET NAME  
 \_\_\_\_\_  
 LGA  
 \_\_\_\_\_  
 STATE

COMPANY SEAL

### CONTACT INFORMATION

_____	FIRST NAME	_____	MIDDLE NAME	_____	SURNAME
_____	MOBILE NO. (PRIMARY)	_____	MOBILE NO. (SECONDARY)	_____	EMAIL ADDRESS

### FOR OFFICE USE ONLY

\_\_\_\_\_  
 ACTIVE Y/N  
 \_\_\_\_\_  
 TAX BRACKET  
 \_\_\_\_\_  
 TAX OFFICE  
 \_\_\_\_\_  
 DATE OF REGISTRATION  
 \_\_\_\_\_

### PROOF OF RESIDENCY

*Attached as selected*

UTILITY BILL  
 TELECOM BILL  
 WATER BILL