



APPLICATION FORM FOR TAXPAYER REGISTRATION

(For Company)

*All fields marked with * are Mandatory*

Please fill up the form using BLOCK LETTERS

Company Registration Number *	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						
Name of Company (English) *	:																							
(Sinhala)	:																							
(Tamil)	:																							
Company Type *	:	<input type="checkbox"/> Private Limited (Reg. under 1982 Act) <input type="checkbox"/> Limited <input type="checkbox"/> Private Limited (Reg. under 2007 Act) <input type="checkbox"/> Guarantee Limited <input type="checkbox"/> Foreign (Reg. under 1982 Act) <input type="checkbox"/> Foreign (Reg. under 2007 Act)																						
Date of Incorporation *	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y												
D	D	/	M	M	/	Y	Y	Y	Y															
Country of Incorporation *	:																							
Date of Commencement	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y												
D	D	/	M	M	/	Y	Y	Y	Y															
Principal Activity of Business *	:																							
Preferred Language *	:	<input type="checkbox"/> Sinhala <input type="checkbox"/> Tamil <input type="checkbox"/> English																						
<i>IRD will use this preferred language to send letters, notices, forms and returns</i>																								
Preferred Mode of Alert *	:	<input type="checkbox"/> SMS <input type="checkbox"/> Email																						
Website URL	:	WWW.																						
BOI Registered *	:	<input type="checkbox"/> Yes <input type="checkbox"/> No																						
BOI Start Date	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y												
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D	D	/	M	M	/	Y	Y	Y	Y															
Bank Code	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						
<i>(if taxpayer is a bank)</i>																								

FOREIGN COMPANY

Date of Incorporation	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">/</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y		
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D	D	/	M	M	/	Y	Y	Y	Y					

GROUP COMPANY*If you have a parent company, please fill in this section*Is it a local or foreign group company? : Local ForeignParent Company Registration No. :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Parent Company :

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*If it is a foreign company, please fill in information below.***ADDRESS**Address of Parent Company :

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Country of Incorporation :

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Date of Incorporation :

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

REGISTERED/ OFFICIAL ADDRESS(English) *Premises No. :

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 Unit No. :

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Address :

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 Postal Code :

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(Sinhala)Premises No. :

--

 Unit No. :

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Address :

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 Postal Code :

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(Tamil)Premises No. :

--

 Unit No. :

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Address :

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 Postal Code :

--

Province * :

--

District * :

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Divisional Secretariat* :

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Grama Niladhari Division* :

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CONTACT DETAILS *

Please fill in at least one contact

Mobile :

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 Office :

--	--	--	--	--	--	--	--	--	--

Home :

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 Email :

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Name of Contact Person :

--

BANK INFORMATION

Bank Name :

--

Account Number :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DIRECTOR INFORMATION

Please provide all directors information. Please use Appendix B if you have more than 1 director.

National Identity Card / Passport No.* :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Issuance Country of Passport :

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For Foreigner

Full Name * :

Name with Initials * :

Salutation * : Rev. Prof. Dr. Mr. Ms.

Date of Birth * :

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

ADDRESS *

Premises No. :

--

 Unit No. :

--

Address :

 Postal Code :

--

CONTACT DETAILS *

Please provide at least one of contact information

Mobile :

--	--	--	--	--	--	--	--	--	--

 Office :

--	--	--	--	--	--	--	--	--	--

Home :

--	--	--	--	--	--	--	--	--	--

 Email :

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If you wish to register other tax type, please fill in **APPLICATION FOR TAX TYPE REGISTRATION**

If application is submitted by an authorized person, please specify the name of the authorized person

Name :

National Identity Card / Passport No. :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation :

AUTHORIZATION *

I do hereby certify that the particulars furnished by me in this application are true and correct.

Name :

Designation :

National Identity Card / Passport No. :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature :

Date :

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Note: This form to be submitted along with supporting documents (If any) to the Help Desk at the nearest IRD branch.