APPLICATION FORM FOR TAXPAYER REGISTRATION

(For Individual and Proprietorship)

All fields marked with * are Mandatory

Please fill up the form using BLOCK LETTERS

SECTION A (For Sri Lanka Citizen)

National Identity Card Number (NIC) * : 
Name with Initials (English)* :
(Sinhala) :
(Tamil) :

SECTION B (For Foreigner)

Passport No. * :
Date Expiry of Passport * :
Date of Arrival to Sri Lanka * :
Country of Issuance of Passport * :

SECTION C

Salutation * :
☐ Rev. ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.
Full Name of Applicant (English) * :
(Sinhala) :
(Tamil) :
Date of Birth * :
Country of Birth :
Gender * :
☐ Male ☐ Female
Nationality * :
Preferred Language * :
☐ Sinhala ☐ Tamil ☐ English
IRD will use this preferred language to send letters, notices, forms and returns
Preferred Mode of Alert * :
☐ SMS ☐ Email
Source of Income * :
☐ Employment ☐ Business ☐ Rent ☐ Interest/Dividend ☐ Rent
Occupation /Others :
**PERMANENT ADDRESS**

(English) *

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<th>Premises No.</th>
<th>Unit No.</th>
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(Sinhala)

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Province * : 

District * : 

Divisional Secretariat* : 

Grama Niladhari Division *:

**RESIDENTIAL ADDRESS**

(English) *

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(Tamil)

Premises No. : Unit No. :
Address :  

Postal Code :

Province * : District * :
Divisional Secretariat* : Grama Niladhar Division *:

FOREIGN ADDRESS
Address (English) :

Country :

CONTACT DETAILS *
*Please fill in at least 1 contact
Mobile : Office :
Home : Email

BANK INFORMATION
Bank Name :
Account Number :

FAMILY INFORMATION
Civil Status :  Single  Married

SPOUSE INFORMATION
*If marital status is married, please fill in spouse and child information.
Full Name of Spouse :
NIC of Spouse :
TIN of Spouse (if any) :

CHILD INFORMATION:

<table>
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<th>No</th>
<th>Name</th>
<th>NIC (if Any)</th>
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INDIVIDUAL BUSINESS

If you have more than one proprietorships please fill in Appendix A

Name of Business * : 
Registration No. * : 
Principal Activity of Business * : 
Date of Commencement * : D D / M M / Y Y Y Y 
BOI Registered * : ☐ Yes ☐ No 
BOI Start Date : D D / M M / Y Y Y Y 
BOI Expiry Date : D D / M M / Y Y Y Y 
Is it your Primary Business * : ☐ Yes ☐ No 

ADDRESS *

(English)

Premises No. : Unit No. : 
Address : 
Postal Code : 

If you wish to register tax type, please also 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.