



APPLICATION FOR TAX TYPE REGISTRATION
SOCIAL SECURITY CONTRIBUTION LEVY (SSCL)

All fields marked with * are Mandatory
Please fill up the form using **BLOCK LETTERS**

Taxpayer Identification Number (TIN) * :

Name* :

SSCL Liable Business Activity with Activity Code :

Premises No. : Unit No. :

Address :

Postal Code :

Total Turnover for Previous Quarter : **Rs.**

Total Turnover for Previous Year : **Rs.**

Effective Date on Which Registration is requested :

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 :

E mail Address :

Contact Number :

National Identity Card / Passport No. :

Signature :

Date :

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