



APPLICATION FORM FOR TAXPAYER REGISTRATION

(For Partnership / Joint Venture / Project)

*All fields marked with * are Mandatory*

Please fill up the form using BLOCK LETTERS

Registration Type * : Partnership Joint Venture Project

Business Registration Number :

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

Name of Business / Project
(English) * :

(Sinhala) :

(Tamil) :

Date of Commencement * :

D	D	/	M	M	/	Y	Y	Y	Y
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Principal Activity of Business * :

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Preferred Language * : Sinhala Tamil English

IRD will use this preferred language to send letters, notices, forms and returns

Preferred Mode of Alert * : SMS Email

Website URL :

WWW.

BOI Registered * : Yes No

BOI Start Date :

D	D	/	M	M	/	Y	Y	Y	Y
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BOI Expiry Date :

D	D	/	M	M	/	Y	Y	Y	Y
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REGISTERED 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. :

Address :

Postal Code :

(Tamil)

Premises No. :

Unit No. :

Address :

Postal Code :

Province * :

District * :

Divisional Secretariat* :

Grama Niladhari Division* :

CONTACT DETAILS *

Please provide at least one of contact information

Mobile :

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Office :

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Email :

BANK INFORMATION

Bank Name :

Account Number :

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PARTNER / RELATED ENTITY INFORMATION

Please provide all partners/related entity information. Please use Appendix B if you have more than 2 individual partners/ related entities. For partners that are Non-Individual, please use Appendix E.

Precedent Partner / Related Entity 1

National Identity Card / Passport No. * :

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Issuance Country of Passport :

For Foreigner

Full Name *

:

Name with Initials *

:

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

Date of Birth * :

D	D	/	M	M	/	Y	Y	Y	Y
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ADDRESS *

Premises No. : Unit No. :

Address :

 Postal Code :

CONTACT DETAILS *

Please provide at least one of contact information

Mobile :

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 Office :

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Home :

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 Email :

Partner / Related Entity 2

National Identity Card / Passport No. * :

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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 :

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 Office :

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Home :

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 Email :

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. :

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