



APPLICATION FORM FOR TAXPAYER REGISTRATION

(For NGO / Charity / Co-op / Associations & Clubs / Semi Government Institutions / Government Institutions /
Provident Fund / Trust / Embassy / High Commissions / Others)

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

Registration Type : *

- | | | | |
|----------------------------------|---|---|---------------------------------|
| <input type="checkbox"/> NGO | <input type="checkbox"/> Associations & Clubs | <input type="checkbox"/> Provident Fund | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Charity | <input type="checkbox"/> Semi Government Institutions | <input type="checkbox"/> Associations & Clubs | <input type="checkbox"/> Others |
| <input type="checkbox"/> Co-op | <input type="checkbox"/> Government Institutions | <input type="checkbox"/> Embassy / High Commissions | |

SECTION A

(For NGO / Charity / Co-op or Associations & Clubs / Semi Government Institutions / Government Institutions / Provident Fund / Trust)

Institute No.	:	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										
Name of Institute (English)*	:	<input style="width: 100%;" type="text"/>										
(Sinhala)	:	<input style="width: 100%;" type="text"/>										
(Tamil)	:	<input style="width: 100%;" type="text"/>										
Date of Registration *	:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">D</td><td style="width: 12.5%;">D</td><td style="width: 12.5%;">/</td><td style="width: 12.5%;">M</td><td style="width: 12.5%;">M</td><td style="width: 12.5%;">/</td><td style="width: 12.5%;">Y</td><td style="width: 12.5%;">Y</td><td style="width: 12.5%;">Y</td><td style="width: 12.5%;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
Resident Status *	:	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident										

SECTION B

(For Embassy / High Commissions)

Name of the Embassy *	:	<input style="width: 100%;" type="text"/>
Country of Origin the Embassy / High Commissions *	:	<input style="width: 100%;" type="text"/>

SECTION C

Principal Activity of Business *	:	<input style="width: 100%;" type="text"/>
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	:	<input style="width: 100%;" type="text" value="WWW."/>

REGISTERED / OFFICIAL ADDRESS

(English) *

Premises No. : Unit No. :

Address :

Postal Code :

(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 : Office :

Foreign : Email :

Foreign Number is applicable only for Embassy / High Commissions.

Name of contact person :

BANK INFORMATION

Bank Name :

Account Number :

If you wish to add / update your registered tax type address, please also fill in APPENDIX D (Tax Type Address).

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. :

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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.