



Form:- TPR_019_E

ශ්‍රී ලංකා දේශීය ආදායම්
இலங்கை உள்ளநாட்டு இறைவரி
Sri Lanka Inland Revenue

APPLICATION FORM FOR TAX AGENT REGISTRATION

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

Taxpayer Identification Number (TIN)* :

Name with Initials * :

Request type of tax agent: Chartered accountant Member of the Sri Lanka Institute of Taxation
 Attorney at law Individual Approved by the Commissioner General
 Other

Qualification / Certification obtained:

Qualification	Membership number	Date Obtained	Institute & country

CONTACT DETAILS * Please fill in at least one contact number and Email

Mobile : Office:
Home : Email*

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

Name :
National Identity Card / Passport No. :

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 :

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