FCT-IRS

FEDERAL CAPITAL TERRITORY

Internal Revenue Service

FORM 001A

Individual Taxpayer Registration Form

This form is to be completed in **CAPITAL LETTERS** for the purpose of registration and issuance of Taxpayer Identification Number (TIN). ***(PLEASE SPELL OUT ALL WORDS - NO ABBREVIATIONS)***

SECTION 1: PERSONAL DETAILS

TITLE *(tick one only)* ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other Specify _____

SURNAME*

MIDDLE NAME(S)

FIRST NAME*

GENDER *(tick one)* * ☐ MALE ☐ FEMALE PROFESSION/TRADE

DATE OF BIRTH* *DD/MM/YYYY*

TOWN/CITY OF BIRTH LGA/Area Council

STATE OF ORIGIN NATIONALITY *

SECTION 2: INDIVIDUAL CATEGORY

CATEGORY TYPE (*Tick as applicable)* * ☐ Self Employed ☐ Employee ☐ Expertriate

☐ Other Specify _____

SECTION 3: RESIDENTIAL ADDRESS

HOUSE NUMBER* ESTATE/STREET

TOWN/DISTRICT*

AREA COUNCIL* FCT

SECTION 4: BUSINESS/EMPLOYER'S ADDRESS (*If in Employment*)

Name of Employer*

HOUSE/OFFICE NUMBER*

STREET NAME*

TOWN/DISTRICT*

AREA COUNCIL/LGA* FCT

COUNTRY * ZIP CODE

SECTION 5: CONTACT INFORMATION

MOBILE NUMBER*

E-MAIL

SECTION 6: IDENTIFICATION INFORMATION

Bank Verification Number (BVN)*

Joint Tax Board (JTB) TIN

National Identification Number (NIN) *

SECTION 7: DECLARATION*

I, _____ declare that the information given above is correct and complete

full name of applicant

SIGNATURE _____ DATE *DD/MM/YYYY*

SECTION 8: THIRD PARTY DECLARATION

I, _____ declare that the information given above is correct and complete

surname, middle name & last name of third party

SIGNATURE _____ DATE *DD/MM/YYYY*