



# FCT-IRS

## FEDERAL CAPITAL TERRITORY

### Internal Revenue Service

Plot 8, Off Oladipo Diya Road, Behind NNPC Filling Station, Kaura District, Abuja - FCT, Nigeria

FORM 001B

## Non - 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) within the Federal Capital Territory (FCT). **(PLEASE SPELL OUT ALL WORDS - NO ABBREVIATIONS)**

### SECTION 1: ORGANIZATION CATEGORY

Organization Type (Tick as applicable) \*  Ltd/ Plc  Enterprise  Co-operative  Foreign Mission  Parastatal  
 Federal MDA  Donors  NGO  CSO  FCT SDA  If Other Specify \_\_\_\_\_

### SECTION 2: ORGANIZATIONAL DETAILS

Name of Enterprise\*   
 NATURE OF BUSINESS\*   
 NO. OF EMPLOYEE   
 DATE OF ESTABLISHMENT  DD/MM/YYYY

### SECTION 3: HEAD OFFICE ADDRESS

OFFICE NUMBER\*  BUILDING NAME   
 STREET NAME\*   
 TOWN/DISTRICT\*   
 AREA COUNCIL\*  STATE   
 COUNTRY

### SECTION 4: CONTACT INFORMATION

OFFICE TEL. NUMBER\*   
 MOBILE NUMBER   
 E-MAIL\*   
 Office Website

### SECTION 5: IDENTIFICATION INFORMATION

CAC - RC/BN NUMBER\*  OTHER NO.   
 Bank Verification Number (BVN) of Director

### SECTION 6: BRANCH OFFICE ADDRESS(S)

OFFICE NUMBER\*  BUILDING NAME   
 STREET NAME\*   
 TOWN/DISTRICT\*   
 AREA COUNCIL\*  STATE (FCT)

### SECTION 7: PREVIOUS TAX REGISTRATION INFORMATION

JTB TIN (if any)   
 FIRS TIN

### SECTION 8: DECLARATION

I, \_\_\_\_\_ declare that the information given above is correct and complete  
*full name of applicant*  
 SIGNATURE \_\_\_\_\_ DATE  DD/MM/YYYY

### SECTION 9: CONTACT PERSON

I, \_\_\_\_\_ declare that the information given above is correct and complete  
*surname, middle name & last name of third party*  
 POSITION  PHONE   
 SIGNATURE \_\_\_\_\_ DATE  DD/MM/YYYY

