



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 _____

FIRST NAME*

MIDDLE NAME(S)

SURNAME*

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 Experiariate
 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