

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)

Number (TIN) within the Fe	ederal C	apıtal	ı erritc	ory (I	-C1). (P	LE	4 <i>SE</i>	SP	ELL	. 00	II AL	L <i>L</i>	NOI	KDS	- NO	JA	BBI	KEV	'IATI	ONS)
SECTION 1: ORGANIZATION CA	TEGORY																				
Organization Type (<i>Tick as applicable</i>) * Ltd/ Plc Enterprise Co-operative Foreign Mission Parastat										statal											
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Federal MDA	Donors	N	IGO		CSC)		FCT	SDA			If Oth	ner S	Speci	ify						
SECTION 2: ORGANIZATIONAL	DETAILS																				
Name of Organization*																					
NATURE OF BUSINESS*																					\neg
NO. OF EMPLOYEE					Ì																
DATE OF ESTABLISHMEN	T T						DD/	/MM _/	/YYY	Y											
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SECTION 3: HEAD OFFICE ADD	RESS																				
OFFICE NUMBER*	BUILDING NAME																				
STREET NAME*																					
TOWN/DISTRICT*																					
AREA COUNCIL*]	STAT	Έ								
COUNTRY																					
SECTION 4: CONTACT INFORMA	ATION																				
OFFICE TEL. NUMBER*																					
MOBILE NUMBER	$\perp \perp$				<u> </u>																
E-MAIL*																					
Office Website																					
SECTION 5: IDENTIFICATION IN	FORMATI	ON																			
CAC - RC/BN NUMBER*	OTHER NO.																				
Bank Verification Number	(BVN) of	Directo	r																		_
SECTION 6: BRANCH OFFICE A	DDRESS(S)		7		D. III	DIN	0.114													_
OFFICE NUMBER*				_	1	BUIL	LDIN	G NA	IVIE												_
STREET NAME*		1		<u> </u>	<u> </u>			<u> </u>	<u> </u>		<u> </u>										=
TOWN/DISTRICT* AREA COUNCIL*	\vdash	+ +	1	1							1	STATE (FCT)							=		
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SECTION 7: PREVIOUS TAX REG JTB TIN (if any)	SIRATIO	INFO	RMAI	ION	1			I	1		I	1				<u> </u>					_
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SECTION 8: DECLARATION					<u> </u>											-					
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full nan	ne of ann	licant					•														
SIGNATURE								DAT	DATE DD/MM/YYYY												
SECTION 9: CONTACT PERSON																					
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surname, middle name & last name of third party POSITION PHONE PHONE												\neg					\neg				
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SIGNATURE									_									/טע	iviivi/	1111	