



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 Organization*

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