

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)

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SECTION 1: ORGANIZATION CATE Organization Type (Tick as a		le) *			td/ Pl		1_{Ent}	erpri	se		Co-c	nera	ative		Eore	≏iøn	Miss	ion		Paras	statal
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Federal MDA	Donors NGO CSO FCT SDA If Other Specify																				
SECTION 2: ORGANIZATIONAL DE	TAILS																				
Name of Organization*																					
NATURE OF BUSINESS*		1 1					1	1	1	l								I		П	\neg
NO. OF EMPLOYEE			\dashv	\dashv	-				<u> </u>					<u> </u>			1				
DATE OF ESTABLISHMENT			-	DD/MM/YYYY																	
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SECTION 3: HEAD OFFICE ADDRE	SS																				
OFFICE NUMBER*						BU	ILDIN	IG NA	AME												\neg
STREET NAME*					Ī																
TOWN/DISTRICT*					Ī																
AREA COUNCIL*					Ī							STA	TE								
COUNTRY											Ī										
SECTION 4: CONTACT INFORMAT	ION																				
OFFICE TEL. NUMBER*			Γ				1														
MOBILE NUMBER			Ī																		
E-MAIL*			Ī																		
Office Website																					=
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SECTION 5: IDENTIFICATION INFO	DRMATIC	N										1									
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Bank Verification Number (E	BVIN) OF L	Jirect	.or							ļ								ļ		Ш	
SECTION 6: BRANCH OFFICE ADD	DRESS(S	5)																			
OFFICE NUMBER*	BUILDING NAME																				
STREET NAME*																					
TOWN/DISTRICT*																					<u> </u>
AREA COUNCIL*												STA	TE (F	CT)							
SECTION 7: PREVIOUS TAX REGIS	STRATIO	N INF	ORM	ATIO	V																
JTB TIN (if any)																					
FIRS TIN																					
SECTION 8: DECLARATION																					•
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full name of applicant																					
SIGNATURE DATE DD/MM/YYYY																					
SECTION 9: CONTACT PERSON I, declare that the information given above is correct and complete																					
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