



GHANA REVENUE AUTHORITY

TAXPAYER REGISTRATION FORM - ORGANISATION

(EXCLUDES ORGANISATIONS REGISTERED BY THE REGISTRAR-GENERAL'S DEPARTMENT)

COMPLETE FORM IN BLOCK LETTERS AND BLACK / BLUE INK ONLY A B C D SEE PAGES 3 AND 4 FOR INSTRUCTIONS

SECTION 1: PRIOR REGISTRATION (THIS FORM IS NOT FOR SALE)

WERE YOU REGISTERED AS A TAXPAYER BEFORE OCT 2011? YES NO

SECTION 2: ORGANISATION CATEGORY

ORGANISATION TYPE (tick one) MDA MMDA FOREIGN MISSION TRUST CO-OPERATIVE PUBLIC INSTITUTION OTHER

If OTHER Specify:

SECTION 3: ORGANISATIONAL DETAILS

ORGANISATION NAME

RESIDENT (tick one) YES NO

OTHER INFORMATION (tick applicable ones) IMPORTER EXPORTER TAX CONSULTANT

NATURE OF BUSINESS

TURNOVER IN GHC

No OF EMPLOYEES

SECTION 4: PREVIOUS TAX REGISTRATION INFORMATION (Complete this section if you were a registered taxpayer before October 2011)

IRS TAX OFFICE

OLD TIN NUMBER

IRS TAX FILE #

SECTION 5: BUSINESS ADDRESS

HOUSE NUMBER BUILDING NAME

STREET NAME / PROMINENT LANDMARK

TOWN / CITY

LOCATION / AREA

POSTAL CODE

COUNTRY

REGION

DISTRICT

SECTION 6: POSTAL ADDRESS

POSTAL TYPE (tick APPLICABLE) P. O. BOX PMB DTD POSTAL NUMBER Prefix Number

BOX TOWN

BOX REGION

BOX LOCATION/AREA

SECTION 7: CONTACT METHOD

PHONE NUMBER MOBILE NUMBER

FAX

E-MAIL

WEBSITE

PREFERRED CONTACT METHOD (tick one) MOBILE EMAIL LETTER FAX

SECTION 8: BRANCHES		
NAME	LOCATION	ADDRESS

SECTION 9: ASSOCIATED BUSINESS DETAILS		
TIN	NAME	ADDRESS

SECTION 10: TRUSTEES/OFFICERS		
TIN	NAME	ADDRESS

SECTION 11: DECLARATION
<p>I, _____ declare that the information given above is correct and complete <i>full name of applicant</i></p> <p>POSITION _____</p> <p>SIGNATURE _____ DATE ____/____/____ (DD/MM/YYYY)</p>

SECTION 12: OFFICE USE		
ORIGINATING TAX OFFICE _____	ASSIGNED TAX OFFICE _____	
VETTING OFFICER _____		ISIC CODE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
DATE OF SUBMISSION ____/____/____ (DD/MM/YYYY)	IRS TAX FILE #	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
DATA ENTRY OFFICER _____	DATE OF DATA ENTRY ____/____/____ (DD/MM/YYYY)	
REMARKS	ISSUED TIN	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

TAXPAYER REGISTRATION FORM – ORGANISATION
(REGISTRATION FORM IS FOR ORGANISATIONS NOT REGISTERED BY THE REGISTRAR GENERAL’S DEPT)
COMPLETION NOTES

SECTION	NOTES
GENERAL	<p>Complete Form in BLOCK characters in Black or Blue ink only. Spell out all words - Do not use Abbreviations.</p> <p>All dates are formatted as dd/mm/yyyy. For example 04/06/2011 is 4th June, 2011. If FIELD information is Not Applicable please enter N/A.</p> <p>All applications should be supported by a letter or certificate.</p>
SECTION 1 PRIOR REGISTRATION	1. Tick YES, if you are a registered taxpayer and / or have a TIN , otherwise tick NO
SECTION 2 ORGANISATION CATEGORY	<p>ORGANISATION TYPE: Tick appropriate check box.</p> <p>MDA - Ministries, Departments and Agencies MMDA - Metropolitan, Municipal and District Assemblies FOREIGN MISSION - Includes embassies, UN Agencies and other international and sub-regional ORGANISATIONS TRUST - OTHER – all other ORGANISATIONS outside the above listed. Provide a brief description/clarification</p>
SECTION 3 ORGANISATIONAL DETAILS	<p>ORGANISATION NAME – Provide name of the ORGANISATION as registered by an Appropriate authority e. g. Ghana Revenue Authority. Documentary proof of this registration will be required.</p> <p>RESIDENT – Tick No if not resident in Ghana (Default is Yes)</p> <p>An organization is resident if a. it is established in Ghana, b. has a resident person as a manager at any time during the organisation’s fiscal year or is controlled directly or indirectly by a resident person or persons at any time during the fiscal year.</p> <p>OTHER INFORMATION: Tick as applicable IMPORTER, EXPORTER, TAX CONSULTANT</p> <p>NATURE OF BUSINESS: Provide a brief description of business activities or nature of business</p> <p>TURNOVER: Annual turnover for the past calendar year or twelve months; or projected annual turnover if applicable.</p> <p>No. OF EMPLOYEES: Number of employees or projected number of employees.</p>
SECTION 4 PREVIOUS TAX REGISTRATION	<p>If you are already a registered taxpayer specify: IRS Tax Office – erstwhile IRS Tax Office you were assigned to TIN - Old Taxpayer Identification Number and IRS tax file number.- file number assigned by erstwhile IRS Tax Office</p>

<p>SECTION 5</p> <p>BUSINESS ADDRESS</p>	<p>HOUSE NUMBER - this is the number of the house on the street. For example for 250 Ako Adjei street the house number is 250 and Ako Adjei street is the street name</p> <p>BUILDING NAME: Conspicuously and recognizably labelled building, for example VAT HOUSE</p> <p>STREET NAME - Name of street including description of landmark(s) that could aid in locating the building e.g. Ring Road, 50m from Kwame Nkrumah Circle.</p> <p>POSTAL CODE: Applicable to only applicants with foreign postal addresses</p> <p>LOCATION / AREA - Name of location e.g. suburb and description of area within a city or town. For example DANSOMAN (AKOKOFOTO) or NORTH KANESHIE (LAST STOP)</p> <p>OWNERSHIP: Indicate whether business premises are RENTED, OWNED BY THE BUSINESS, or FREE USE. If premise is rented, provide LANDLORD'S NAME and PHONE NUMBER If premise is owned by business, indicate whether part of premise is rented out by ticking Yes or No checkbox.</p>
<p>SECTION 6</p> <p>POSTAL ADDRESS</p>	<p>Provide Postal address.</p> <p>POSTAL TYPE: Select the Postal type applicable.</p> <p>I. P. O. Box: Normal Post box</p> <p>II. P.M.B: Private Mail Bag</p> <p>III. DTD: "Door To Door" delivery</p> <p>IV. POSTAL NUMBER: Enter Prefix and number – e.g. P.O. Box GP2002: tick P. O. Box, prefix is GP and the number is 2002; for PMB TUC : tick PMB only. The location/Area identifies PMB location TUC.</p> <p>BOX LOCATION / AREA - Name of post office area - e.g. Cantonments, TUC or Accra-North.</p>
<p>SECTION 7</p> <p>CONTACT METHOD</p>	<p>Provide details of method of contact - Phone Number, Mobile Number etc and Select the preferred method of contact by ticking one of the following checkboxes: Letter, Email, Mobile, Fax</p>
<p>SECTION 8</p> <p>BRANCH</p>	<p>Provide details of branches and business. Attach additional forms when necessary</p>
<p>SECTION 9</p> <p>ASSOCIATED BUSINESS</p>	<p>Provide required details of all associated businesses. Use additional forms when necessary.</p>
<p>SECTION 10</p> <p>TRUSTEES / OFFICERS</p>	<p>Provide required details of all trustees/Officers with the ORGANISATION</p>
<p>SECTION 11</p> <p>DECLARATION</p>	<p>Applicant must provide full name (as given in Section 2) and sign. Applicant is held liable for any false declaration.</p>