



**SECTION 4 - ESTABLISHMENTS / PHYSICAL LOCATIONS**

**1.**

HEAD OFFICE  YES  NO

NAME:

ADDRESS:

CITY / TOWN / VILLAGE:

PARISH:

ISLAND:

**2.**

HEAD OFFICE  YES  NO

NAME:

ADDRESS:

CITY / TOWN / VILLAGE:

PARISH:

ISLAND:

**SECTION 5 - DECLARATION**

I declare that the information given on this form is to the best of my knowledge and belief true and correct and that I have the authority to disclose the information provided. I understand that the Saint Christopher and Nevis Inland Revenue Department reserves the right to review and verify the information provided. Please be aware that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to imprisonment for a term of seven (7) years or to a fine of thirty-thousand (\$ 30,000.00) dollars.

FULL NAME:

TITLE:

DATE: DAY / MONTH / YEAR

SIGNATURE

**SECTION 6 - INLAND REVENUE DEPARTMENT USE ONLY**

TAXPAYER NO. (TIN):

SOCIAL SECURITY NO.:

VAT NO.:

PRIMARY ISIC CODE:

SECONDARY ISIC CODE:

**TAXES AND LICENCES REGISTERED**

*Business and Occupation Licence*

*Unincorporated Business Tax (UBT)*

PROCESSED BY:

DAY / MONTH / YEAR

SIGNATURE

VERIFIED BY:

DAY / MONTH / YEAR

SIGNATURE

APPROVED BY:

DAY / MONTH / YEAR

SIGNATURE