Government of Saint Lucia Inland Revenue Department

## INDIVIDUAL ENTERPRISE **REGISTRATION FORM**

Owner's Name		the second s			
Social Security Number		Last	Date	of Birth	First
Phone Number	Work	] [Home	<b></b> _		
ENTERPRISE INFORMA	TION				
Trade Name					
Phone Number					
Start Date	Day Month Year		Close D	ate Day Month	Year
Fiscal Year Start	and the second se		Fiscal Year Clo	Day Month	
Trade Type	(Please tick the appropriate box) Whe	olesale Retail	Manufacturing Service	] ce	Other
Business Activity	(Please tick the appropriate box) Ban	king Hotel	Restaurant Insur	ance Transport	Other
Contact Name	Official to be contacted of	concerning the Enterp	rises' tax matters		
Contact Title	(Please tick the	nager President		President Director	Other

ENTERPRISE ESTABLISHMENTS (At	least one Head Office must b	e entered)	
Name		Head Office	Yes No
Street	City/Village		Postal Code
Name		Head Office	Yes No
Street	City/Village		Postal Code
Name	· · · · · · · · · · · · · · · · · · ·	Head Office	Yes No
Street	City/Village		Postal Code
Name		Head Office	Yes No 🗌
Street	City/Village		Postal Code

## REGISTERED NAME:

ENTERPRISE EMPLOYMENT							
Last Name	First Name	Start Date	End Date	Employee			
		Day Month Year	Day Month Year	No.			
		[]	[]				
				. <b>L</b>			
		()	(				
	J			l]			
		·					
·							
		······	· · · · · · · · · · · · · · · · · · ·				
[]	[						
				·			
				[]			
· []				·			
	[	[		[]			
Photocopy this page if there are	e more employees to add to the	list Please prov	vide an Individua	1			
Registration form for every emp		not ricase pro					
o and a set of the set of the							

R	E	GI	S	ΓE	R	E	D	N	A	M	E:	
	_			_		-	-		-	-	_	-

NOTES

## REGISTERED NAME:

I hereby certify that the information given on this registration in every way.	form is true, correct and complete
Name (Print)	TITLE
SIGNATURE	DATE
OFFICIAL USE ONLY	
Taxpayer # Enterprise #	
Opening Tax \$ Penalty \$	Interest \$

Sec.

