ADDITIONAL INFORMATION (INDIVIDUALS) BRANCHES AND/OR BUSINESS ACTIVITIES

To be completed by Individuals/Sole Proprietors adding a branch or business activity.

1. Name -	2. Taxpayer Registration Number (TRN)
Last : First :	
Middle:	
3. Home Address	4. Mailing Address (if different from Home Address)
Code	Code
Code	Code
5. Trade Name	6 (a) Telephone Number (s)
	C /b \ T = N
	6 (b) Fax Number (s)
7. Business Address	8. Business Mailing Address (if different from Business Address
Code	Code
9. E-mail Address	10. Date Business Acquired/ Started / To Start Year Month Day
	•
11. If Acquired, State The Previous Owner's	12. Date First Employee
Name:	Commenced Employment Year Month Day
Business Name:	13. Date Accounting Year Begins Month Day
	13. Date Accounting Year Begins Month Day
TRN: 14 (a) NIS (Employer's) Number	15. TRN and Name of Auditing Firm / Accountant
14 (a) Nio (Employor 3) Nambor	13. This and realize of Additing Firm? Accountant
14 (b) Business Name Registration Number	TRN:
	Nome
14 (c) Date of Registration	Name:
16. Specify Nature of Business	17. Usual Collectorate for Payments
Code	<u> </u>
Code	Code
DECLARATION	
18. I declare that the information given on this form is to the best statement.	of my know ledge and belief a true and correct
Statement.	
Name Signature	Date
3	IAL: USE ONLY
Documents Presented:	Remarks Stamp- Receiving Office
Driver's Licence Business Name	
Registration Certificate Passport NIS Reference Card	
☐ National ID	
Other, (Specify) :	
Birth Certificate	
Processing Officer's Name Processing Officer's Signature	Date Agency Code

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