## ADDITIONAL INFORMATION (ORGANIZATIONS) BUSINESS BRANCHES

## To be completed if Box 17 of Application for Taxpayer Registration Number (Organizations) Form is applicable

1. Business Name	2. Taxpayer Registration Number (TRN)
3. Trade Name	4. Telephone number(s)
5. Fax Number(s)	6. E-mail Address
7. Business Address	9. Duoineese Mailing Address. (It different from Duoinees address)
	8. Business Mailing Address <i>(if different from Business address)</i>
Code	Code
9. Date Business Acquired/	10. Data First Employee
Started / To Start Year Month Day	10. Date First Employee Year Month Day
11. If Acquired, State The Previous Ow ner's	12. Date Accounting Year Begins Month Day
Name:	
Business Name:	13. TRN and Name of Auditing Firm / Accountant
	TRN:
TRN:	Name :
14. (a) NIS (Employer's) Number	15. (a) Business Name Registration Number
	15. (b) Date of Registration
16. Specify Nature of Business	17. Usual Collectorate for Payments
Code	Code
DECLARATION	
<ol> <li>I declare that the information given on this form is to the best of my know ledge and belief a true and correct statement.</li> </ol>	
Statement.	
Name	Signature
Title	Date
FOR OFFICIA	AL: USE ONLY
Documents Presented:	Remarks Stamp- Receiving Office
Driver's Licence Certificate of Incorporation	
Passport INIS Reference Card	
National ID NIS Clerance Letter	
Old New Dusiness Name Other, Specify:	
Processing Officer's Name Processing Officer's Signature	Date Agency Code
	T   R