Application for: New Companies, New Business Names, TRN, NIS, TCC, GCT, HEART/NTA & NHT Under THE REGISTRATION OF BUSINESS NAMES ACT, THE REVENUE ADMINISTRATION ACT, NATIONAL INSURANCE ACT, COMPANIES ACT & THE GENERAL CONSUMPTION TAX ACT

Instructions/Information

Usage: This form should be used by all customers when creating either a new Company or new Business Name. It is a subsitute for the following forms when creating a New Company ONLY:

- + Form 20 Notice of Appointment of/Change of Company Secretary
- + Form 2 Declaration of Compliance
- + Form 23 Notice of Appointment of/Change of Directors
- + Form 17 Notice of Address of Registered Office or Notice of Change of Registered Office

It also substitutes for the following forms when creating a New Business Name ONLY:

- + BN1 Application for Registration by Sole Proprietor (Individual)
- + BN2 Application for Registration by Partnership
- + BN3 Application for Registration by Corporate Proprietor

Application for TRN, NIS, GCT, TCC, HEART-NTA and NHT will be done automatically for New Companies Only.

Application for TRN, NIS, HEART-NTA and NHT will be done automatically for New Business Name.

The form is broken down as follows:

- + Section A Business/Company Information {Basic information required to create new company or business names }
- + Section B Directors/Proprietors Information Individuals {Data on the individual directors/proprietors for the new entity}
- + Section C Directors/Proprietors Information Companies (When a company is a director/proprietor for the new entity)
- + Section D Particulars of Company Secretary (Applicable only to New Companies and when a director is not the secretary)
- + Section E GCT Registration {Request for specific data for a successful registration for GCT. Applicable ONLY to New Companies }
- + Section F Tax Compliance Certificate (Applicable to New Company registration Only)
- + Section G Declaration {To be signed by the Principal Officer (or Authorised Official) of the new company or business name}
- + Section H Filed By {To be completed by the person submitting the form at the COJ}
- + Section I Directors/Proprietors TRN {The TRN for each director/proprietor is required in this section}

- General: * Please PRINT or TYPE the required information. Use blue or black ink pen only
 - Tick the appropriate box where required and write in bold capitals in all fields
 - * Underlined prompts indicate mandatory data entry is required
 - When entering telephone numbers the area code is required
 - * Complete Form 2 if the new Business name or company will have a branch

When creating a New Company:

- * One of the following forms must also be submitted with this form:
 - + Form 1A Articles of Incorporation -Company Limited by Shares
 - + Form 1B Articles of Incorporation -Company Limited by Guarantee Without a Share Capital
 - + Form 1C Articles of Incorporation -Company Limited by Guarantee with Share Capital
 - + Form 1D Articles of Incorporation -Unlimited Company
- * Also complete the following sections:
 - + Section A, Section B, Section C, Section D, Section E, Section F, Section G, Section H & Section I where applicable
- Complete Form 2 if Branches will be registered

When creating a New Business Name:

- Please complete the following sections: Section A, Section B, Section C, Section G, Section H & Section I where applicable
- Complete Form 2 if Branches will be registered

Registration for General Consumption Tax(GCT) - Only Applicable to New Company:

 GCT Registration is determined by a person's business activity. I.e., depending on a person's "Nature of Business". Businesses will be registered as Registered Person and issued with a Notice of Registration. When the business starts to operate if gross sales is above the threshold TAJ is to be informed so that the registration status can be changed to that of Registered Taxpayer. Registered Taxpayers are issued Registration Certificates which authorizes them to collect and account for the tax.

Registration for Tax Compliance Certiticate (TCC) - Only Applicable to New Company:

* Tax Compliance Certificate is a document issued to a company as proof that payments of tax liabilities and wage-related statutory deductions are up-to-date. Applying for TCC using this form will only be facilitated for new companies, that is companies registered under the Companies Act. TCC will have a tenure of a maximum of 90 days.

SECTION A - Business/Company Information (General information	on for the Companies or Businesses. This section is mandatory)				
Incorporation	2a.Commencement Date (Business Name) OR Projected Start Date (Companies) dd/mm/yyyy				
	2b. If Company, Indicate classification Private Public				
3a. Name of Business/Company (Primary) 4a	a. If Business Name, provide any other Name				
3b. Justification of Primary Name (where applicable) See list on page 11 41	b. Justification of Other Name (where applicable) See list on page 11				
•	ib. State the number of branches and complete a Schedule 4 for each Branch (Both Company & Business Name)				
☐ Sole Proprietor -Company	Scriedule 4 for each branch both company & business numer				
☐ Partnership					
6a. Business Names/ ☐ Same as Actual Business Location 6 Company Registered Address ☐ Same as Mailing Address	5b. Actual Business Location (if different from number 6a)				
_	ocation				
Building/Complex/Apt/Suite	Building/Complex/Apt/Suite				
Street St	treet				
Number <u>Name</u>	Number <u>Name</u>				
	own/District				
City/Town/District	City/Town/District				
Post Office P. O. Box P.	P. O. Box				
Parish Postal Code	Parish Postal Code				
Country	Country				
6c. Location of ☐ Registered Address ☐ Actual Business Location	on Mailing Address {Use Schedule 3 for Mailing Address}				
7a. Tel 7b. Cell	7c. Fax				
7d. Email-Address					
Nature of Business Name/Core Business of Company					
Nature	8b. Secondary Nature Official Use Only}				
8c If Business Name, provide nature phrase					
9a.Number of Employees 9b. Expecting	ing Payroll Greater Than \$14,444 per month?				
9c. Will there be a single annual return (SO2) for all branches?	Yes No {Only applicable if branches are included at 5b above}				
10. If Business Name, complete the following where applicable					
10a Date First Employee Commenced Employment	10b Date Accounting Year Begins				
dd/mm/yyyy	mm-dd				
10c Name of Auditing Firm/Accountant					
11. Number of Directors/Proprietors					
PLEASE SEE OVERLEAF FOR CONTIN	NUATION OF FORM Page 2/13				

SECTION B - Directors/Proprietors Information - Individuals	(Data on the individual director/proprietor. This section is mandatory)								
(Note: When creating a new company only ONE Director can be named Company Secretary and if so indicated, then Section D should NOT be completed. Otherwise Section D must be filled in. Also if only one director is named, then a different person must be named secretary)									
Principal - Director/Proprietor Only	ndividual or Corporate Director/Proprietor must be indicated. See Page 6)								
12a. Name									
Last	First Middle								
Job Title/	Present See page 10 Nationality for more								
Occupation	Nationality. for more details								
Tel. Cell	Original regarding other								
<u>18 Years or Over?</u> ☐ Yes ☐ No <u>Sex</u> ☐ Female ☐ Male	Nationality. supporting supporting documentation								
I a setting	(If creating a new company, complete the following fields if applicable)								
Location	(If creating a new company, complete the following fields if applicable)								
Building/Complex/Apt/Suite	Is this person also the Company Secretary? ☐ Yes ☐ No								
<u>Street</u>	Particulars of Any Other (Complete only if the director has								
Number <u>Name</u>	Directorship held no other business occupation)								
Town/District	Company								
	<u>Name</u>								
City/Town/District									
P. O. Box									
Parish Postal	Company Company Number TRN								
Code									
Country	Location								
To the best of my knowledge and belief, all the requirements of the Companies	Building/Complex/Apt/Suite								
Act, Registration of Business Name Act, The Revenue Administration Act,	Street								
National Insurance Act & General Consumption Tax Act, in respect of matters precedent to the formation of a business name and incorporation of a	Number Name								
company have been complied with.	Town/District								
Signature									
	City/Town/District								
	P. O. Box								
	Parish Postal								
	Code								
	Country								
Only to be completed by applicants required to present certification from a Profess occupation form part of the business (Example: "Medical", "Engineer/Engineering									
occupation form part of the business (example: Medical , Engineer/Engineering	, baycare, Accounting, bentar, etc). See complete his on pages 12 &13								
Field or Profession	Expiry Date								
	dd/mm/yyyy								
Certifying Body	aa/mm/yyyy								
<u>Gertiffing Body</u>	Certification #								
Have you provided the relevant certification as part of your applica	tion ?								
12b. Name									
Last	First Middle								
Job Title/	See page 10								
Occupation	Present for more Nationality. details								
Tel. Cell	regarding								
C.II	Original other Nationality. supporting								
18 Years or Over? ☐ Yes ☐ No Sex ☐ Female ☐ Male	(if different from present nationality) documentation								
PLEASE SEE OVERLEAF FOR CON	TINUATION OF FORM Page 3/13								
. LE DE GEE GTERLES I TOR CON	1 age 5/15								

Location	(If creating a new company, complete the following fields if applicable)
	<u>Is this person also the Company Secretary?</u> ☐ Yes ☐ No
Building/Complex/Apt/Suite	Particulars of Any Other (Complete only if the director has
Street	Directorship held no other business occupation)
Number <u>Name</u>	Company
Town/District	Name
City/Town/District	
Post Office P. O. Box	
	Company Company Number TRN
Parish Postal Code	Location
Country	Building/Complex/Apt/Suite Street
To the best of my knowledge and belief, all the requirements of the Co	Number <u>Name</u>
Act, Registration of Business Name Act, The Revenue Administration A	t, Town/District
National Insurance Act & General Consumption Tax Act, in respect of a precedent to the formation of a business name and incorporation of a	City/Town/District
company have been complied with.	
Signature	P. O. Box
	Parish Postal
	Parish Postal Code
	Country
	n a Professional or Regulatory body when certain words referring to a trade, profession or, ngineering", "Daycare", "Accounting", "Dental", etc). See complete list on pages 12 &13
	ignicering , Daycare , Accounting , Dental , etc). See complete is con pages 12 a.13
Field or Profession	Expiry Date
	dd/mm/yyyy
Certifying Body	Certification #
	ocranication ii
Have you provided the relevant certification as part of you	application ?
12c Name	
12c. Name	
Last	First Middle
Job Title/	Present See page 10 for more
Occupation	Nationality details
	regarding
Tel. Cell	Original other supporting
	Nationality. documentation
18 Years or Over? Yes No Sex Female	
Location	(If creating a new company, complete the following fields if applicable)
Building/Complex/Apt/Suite	<u>Is this person also the Company Secretary?</u> ☐ Yes ☐ No
Street	Particulars of Any Other (Complete only if the director has no other business occupation)
Number Name	Directorship near
Town/District	Company
	Name Name
City/Town/District	
P. O. Box	Campani
D1-1	Lompany
Parish Postal	Company Company Number TRN
Parish Code	Number TRN
Parish	Number TRN Location
Country Code	Number TRN

To the best of m Act, Registration National Insural precedent to the company have b Signature	n of Busin nce Act & e formati	ess Name Act, 1 General Consu on of a busines:	he Revenue A mption Tax Ac	dministratior t, in respect o	Act, fmatters	Street N Town/Dist Post Offic Parish Country			City/	Town/D		P. O. Box Posta Code		
Only to be compoccupation form														
Field or Profe	ession_							Expiry	<u>Date</u>		dd/n	nm/yyyy		
Certifying Bo	dy							Certifi	cation #	ŧ	337	,,,,,		
Have you pro	vided th	ne relevant ce	rtification a	s part of yo	ur applica	ition ?		☐ Yes	□ No					
12d. Name														
		Last				First					Mid			
Title/ Occupation						<u>Present</u> National	ity.					for	page more tails	
Tel.			Cell			<u>Original</u> National	itv.					oti	ardin her oporti	_
18 Years or C	Over?	Yes No	Sex [Female	□Male			(if dif	ferent fro	m prese	nt national		•	ntation
Street Numb	per	Building/	Complex/Apt/S Name	iuite		Is this pe Particular Directors Company	rsor	ew compan n also the (Any Othe held	Compar			☐ Yes	direct	No or has
Town/District	t					<u>Name</u>								
		City/Tox	vn/District											
Post Office		,,	,	P. O. Box		Company Number				Con TRN	npany			
<u>Parish</u>				Postal Code		Location								
Country									Buildin	g/Comp	lex/Apt/Sui	te		
To the best of m Act, Registration National Insural precedent to the company have b Signature	n of Busin nce Act & e formati	ess Name Act, 1 General Consu on of a busines:	he Revenue A mption Tax Ac	dministratior t, in respect o	Act, f matters	Street Town/Dist	Vumb trict		City,	/Town/D	<u>Name</u> District			
						Post Offic	<u>e</u>					P. O. Box		
						<u>Parish</u>						Postal Code		
						Country								
						1								

First	Only to be comp occupation form	_	•		_	_	_		_			_	_	-
Have you provided the relevant certification as part of your application? Yes No No To add more directory/proprietors. fill in Schedule 1 and attach it to the back of this form Is Schedule Attached? Yes No No SECTION C - Directors/Proprietors Information - Companies Complete ONLY if there is a Corporate Director/Proprietor Only Yes No (Only one Individual or Corporate Director/Proprietor must be indicated. See Page 2) 13a. Company Name	Field or Prof	ession								Expir	y Date			
Have you provided the relevant certification as part of your application? Yes No To add more directors/proprietors, filt-in-Schedule 1 and attach it to the book of this form Is Schedule Attached? Yes No SECTION C - Directors/Proprietors Information - Companies (Complete ONLY) there is a Cooporate Director/Proprietor Principal - Director/Proprietor Only Yes No Only one Individual or Corporate Director/Proprietor must be indicated. See Page 2) 13a Company Name Company Company Date Incorporated difficulty	Certifying Bo	ndv []			dd/mm/yyyy	
No add more director/proprietors, fills in Schedule 1 and attach it to the back of this form Is Schedule Attached? vs No	oci tilying bo									Certif	ication#			
SECTION C - Directors/Proprietors Information - Companies (Complete ONLY If there is a Corporate Director/Proprietor Director/Proprietor Must be indicated. See Page 2) 13a. Company Name Company	Have you pro	ovided th	e relevant	certificatio	n as par	t of you	ır applica	ition ?		☐ Yes	□ No			
Principal - Director / Proprietor Only Yes No (Only one Individual or Corporate Director / Proprietor must be indicated. See Page 2) 13a Company Name Company Date Incorporated dd/mm/yyyy of Company Public Company Number TRN. Date Incorporated dd/mm/yyyy of Company Public Street Sunding/Complex/Aer/Suite Fax Tel2 Post Office P. O. Box (Company Seal Should be Afficed if Required By The Company's Articles/Constitution) Name (I) Country Two Officers are required to sign on behalf of the company (if Required By The Company's Articles/Constitution) Name (I) Last Last Last Last First Middle Middle Middle Capacity Director Secretary Authorized Official Signature Date Signature Date Signature Date Company Trusted Truste		To ad	d more direc	tors/propriet	ors, fill-in S	Schedule	1 and atta	ch it to t	he back	of this form	Is Sched	ule Atta	ched? 🗆 Ye	es 🗆 No
Street Date Company Name Company TRN. Date Incorporated diffunity/yyy of Company Public Tel2	SECTION C -	Directo	rs/Propr	ietors Info	rmatior	ı - Com	npanies	(C	omplete	ONLY if the	re is a Corpora	ite Direc	tor/Proprieto	r)
Company Company Date Incorporated dd/mm/yyyy of Company Public Tel2 Street Building/Complex/Apt/Suite Tel1 Tel2 Street Fax Fax City/Town/District City/Town/District Post Office P. O. Box (Company Seal Should be Affixed if Required By The Company's Articles/Constitution) Parish Postal Date Date Date Date First First First First Middle Capacity Director Secretary Authorized Official Signature Date Signed Date Signature Date Company Name Company Company Company Date Company Tel2 Street Building/Complex/Apt/Suite Fax Tel2 Street Building/Complex/Apt/Suite Fax Tel2 Street Building/Complex/Apt/Suite Fax Tel2 Street Building/Complex/Apt/Suite Fax Fax Street Building/Complex/Apt/Suite Fax Fax Street Building/Complex/Apt/Suite Fax Tel2 Street B	<u>Principal - Dir</u>	rector/Pi	oprietor (Only Ye	es 🗆 I	No (On	ly one Indiv	ridual or	Corpora	ate Director/P	roprietor must	be indica	ated. See Page	2)
Number TRN.	13a Compan	y Name												
Tell	Company				у			Date				Cla	ssification	☐ Private
Street Number Name Fax.				TRN.				Incor	porated	dd/i	mm/yyyy	of C	Company	☐ Public
Number Nume Fax.			Buildi	ing/Complex//	Apt/Suite			Tel1.				Tel2		
Name Name Name Name	Street							Fax.						
City/Town/District Post Office Parish Country Two Officers are required to sign on behalf of the company (If Required By The Company's Articles/Constitution) Name(1) Last First Middle Capacity Director Secretary Authorized Official Signature Date Signature Company Name Company TRN. Company Date Incorporated Date Signature Street Number Name(2) Last First Middle Capacity Director Secretary Authorized Official Signature Company TRN. Date Incorporated Fax. Fax. Fax. Company Seal Should be Affixed If Required By The Company's Articles/Constitution) (Company (If Required By The Company's Articles/Constitution) Name(2) Last First Middle Capacity Director Secretary Authorized Official Signature Company TRN. Date Incorporated Tel1 Tel2 Fax.				Nam	<u>e</u>									
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Parish Code Country Two Officers are required to sign on behalf of the company (If Required By The Company's Articles/Constitution) Name(1) Last First Middle Capacity Director Secretary Authorized Official Signature Date Signed Company Name Company Name Company In Required By The Company's Articles/Constitution) Date Signed Capacity Director Secretary Authorized Official Date Signed Company Name Company Name Company In Required by The Company's Articles/Constitution) Date Signed Table Capacity Director Secretary Authorized Official Capacity Director Sec	Post Office					O. Box								ed
Two Officers are required to sign on behalf of the company (If Required By The Company's Articles/Constitution) Name(1) Last First Middle Capacity Director Secretary Authorized Official Signature Date Signed Date Signed Company Name Company Name Company Name Company Name Company Name Company Name Fax. Number Name Two Officers are required to sign on behalf of the company (If Required By The Company's Articles/Constitution) Name(2) Last First Middle Capacity Director Secretary Authorized Official Signature Date Signed Tel1 Tel2 Fax. Number Name	<u>Parish</u>									ВуТ	ne Company's A	Articles/C	Constitution)	
(If Required By The Company's Articles/Constitution) Name(1) Last First Middle Capacity Director Secretary Authorized Official Signature Date Signed 13b Company Name Company Company TRN. Location Building/Complex/Apt/Suite Street Name(2) Last First Middle Capacity Director Secretary Authorized Official Signature Date Signed Tel1. Tel2 Street Number Name(2) Last Capacity Director Secretary Authorized Official Signature Date Signature Tel1. Tel2 Fax.	Country													
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Last First Middle Capacity Director Secretary Authorized Official Signature Date Signed Company Name Company Company Company Date Incorporated Incorporated Tel2 Street Mame Fax. Number Name		a by The C	ompany's Ar	ticles/Constit	tution)			Nam		Required By 1	The Company's	Articles/	Constitution)	
Middle Capacity Director Secretary Authorized Official Signature Signature Date Signed Company Name Company Name Company Date Incorporated Incorporated Tel1 Building/Complex/Apt/Suite Fax. Number Name Middle Middle Middle Capacity Director Secretary Authorized Official Signature Signature Date Signed Classification Private of Company Public Tel1 Tel2 Street Summary Fax. Tel2 Number Name Name Name Name Name Name Name Name Name Name Name Name Middle								ı I —						
Capacity Director Secretary Authorized Official Signature Signature Date Signed Signed Capacity Director Secretary Authorized Official Signature Signed Signed Signed Signed Capacity Date Signed Capacity Date Signed Capacity Date Date Capacity Date D	First								First					
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Date Signed Date Signed 13b Company Name Company TRN. Date Incorporated Incorporated Date Incorporated Tel1. Tel2 Street Number Number Name	Signature							Signa	ature					
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Street Number Name									porate	_		_		Public
Number Name			Buildii	ng/Complex/A	pt/Suite			TEIL.				1612		
-								Fax.						
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-	City/Town/District	
Post Office	P. O. Box	(Company Seal Should be Affixed If Required
<u>Parish</u>	Postal Code	By The Company's Articles/Constitution)
Country		
	s are required to sign on behalf of the company ed By The Company's Articles/Constitution)	Two Officers are required to sign on behalf of the company (If Required By The Company's Articles/Constitution)
Name(1)		Name(2)
Last		Last
First		First
Middle		Middle
Capacity	Director ☐ Secretary ☐ Authorized Official	Capacity ☐ Director ☐ Secretary ☐ Authorized Official
<u>Signature</u>		<u>Signature</u>
<u>Date</u>		<u>Date</u>
Signed		Signed
To a	ndd more company directors/proprietors, fill-in Schedule 2 and att	ach it to the back of this form Is Schedule Attached? 🗌 Yes 🔲 No
SECTION D	- Particulars of Company Secretary (When creating company secretary)	g a company only, complete this section if no director was identified as the
Type of Secr	etary Individual Company	,
Type of Sect	CLOIV I INDIVIDUAL I I LOMBANV :	
14. Name		
<u>14. Name</u>	Last	First Middle
14. Name Job Title/ Occupation	Last	First Middle
Job Title/	Last	
Job Title/ Occupation	Last	First Middle Nationality.
Job Title/ Occupation	Last	
Job Title/ Occupation Tel.	Last Cell me	
Job Title/ Occupation Tel. Company Na	Last Cell me	Nationality.
Job Title/ Occupation Tel. Company Na	Last Cell me	Nationality. Company's Registered Address
Job Title/ Occupation Tel. Company Na	Last Cell me	Nationality. Company's Registered Address Location
Job Title/ Occupation Tel. Company Na Individual Ad Location Street	Last Cell me	Nationality. Company's Registered Address Location Building/Complex/Apt/Suite
Job Title/ Occupation Tel. Company Na Individual Ad Location Street	Last Cell me ddress Building/Complex/Apt/Suite	Nationality. Company's Registered Address Location Building/Complex/Apt/Suite Street
Job Title/ Occupation Tel. Company Na Individual Ad Location Street Num	Last Cell me ddress Building/Complex/Apt/Suite	Company's Registered Address Location Building/Complex/Apt/Suite Street Number Name
Job Title/ Occupation Tel. Company Na Individual Ad Location Street Num	Last Cell me ddress Building/Complex/Apt/Suite Name	Nationality. Company's Registered Address Location Building/Complex/Apt/Suite Street Number Name Town/District
Job Title/ Occupation Tel. Company Na Individual Ad Location Street Num Town/District	Last Cell me ddress Building/Complex/Apt/Suite Name cit City/Town/District P. O. Box Postal	Nationality. Company's Registered Address Location Building/Complex/Apt/Suite Street Number Name Town/District City/Town/District Post Office Parish Postal
Job Title/ Occupation Tel. Company Na Individual Ad Location Street Nun Town/District Post Office Parish	Last Cell me ddress Building/Complex/Apt/Suite Name City/Town/District P. O. Box	Nationality. Company's Registered Address Location Building/Complex/Apt/Suite Street Number Name Town/District City/Town/District Post Office Parish Postal Code
Job Title/ Occupation Tel. Company Na Individual Ad Location Street Num Town/Districe	Last Cell me ddress Building/Complex/Apt/Suite Name cit City/Town/District P. O. Box Postal	Nationality. Company's Registered Address Location Building/Complex/Apt/Suite Street Number Name Town/District City/Town/District Post Office Parish Postal

SECTION E - GCT REGISTRATION	(Applying for GCT is ONLY applicable)	for New Companies)
15. Applying For GCT Yes N	(If No, skip to SECTION F)	
16. Gross Income/Sales Monthly GCT:	(ie Projected Sales before Expenses) Annual	17. Projected Start Date of Taxable Activities GCT: dd/mm/yyyy
18. GCT Taxable Activities Primary Activity (For Official Use Only) 19. Would you like an officer from the Tax Department to contact you in order to explain your tax obligations?	Seconda Activity (For Offici Use Only) 20. If you have more than one place o Certificates required 21. Are your accounts computerised?	al
SECTION F - TAX COMPLIANCE CERT	FICATE (Applying for TCC is ONLY appl	icable for New Companies)
22. Applying For TCC?	(If No, skip to SECTION G)	
23. Certificate is required for (Select or Custom Clearance (Please complete file Only 24-28)	ds	25. Date Reported dd/mm/yyyy ument Number
☐ Contracts Only	☐ Airway Bill	
☐ Multi-Purpose ☐ Other (Use Specify List)		cription of Goods
	- _	
	☐ Detention Notice	
	☐ Wharf Order	
	Act & General Consumption Tax Act, in	nies Act, Registration of Business Name Act, The Revenue n respect of matters precedent to the formation of a
<u>Name</u>	Sig	nature
First		
Last	D-4	_
(State whether Proprietor, Partner Office-holder in Club, Association,		dd/mm/yyyy
ID Type (Please use Declarant ID in Section	on Page 9)	
Email Address		

SECTION	I H -	FILE	D BY	(Please indicate	e who will be	submitting	this docun	nent d	on behalf of the C	ompany or E	usiness Names)
30. Nam	<u>e</u>										
	·			Last			Fii	rst			Middle
Company	y Na	<u>me</u>									
Email Ad	ldres	ss									
Location							Tel.			Cel	I
			Build	ing/Complex/Apt,	/Suite		Fax				
Street							I dx				
Town/Dis		nber -+		Name			TRN				
TOWN/DI.	30110		Cit	y/Town/District			J				
Post Offi	<u>ice</u>			<u> </u>	P. O. Bo	x]				
<u>Parish</u>	ŀ				P/Cod	le]				
Country	ļ]				
SECTION	N I -	DIRI	ECTORS/PRO	OPRIETORS/SI	ECRETARY	TRN (Kir	ndly sure ti	he nai	mes entered in th	is section m	atch that in Sections B, C & D)
			ors/Proprieto				-				r Registration Number
Name (C	Com	pany	Secretary if A	Applicable)						Taxpaye	r Registration Number
Declarar			nse □ Nati	onal Voter's ID) Page	nort	IDI	Numl	her		
		LICCI		ond voter s to		R OFFICIA			<u>DCI</u>		
Custome	er Se	rvice	Officer's Na	me	Date				Remarks		
								7			
Custome	er Se	rvice	Officer's Sig	nature		dd/mm/y	ууу	-			
								٦ [
								Ш			
Nearest	Coll	ector	ate to Busine	ess Name/Comp	pany (See Li	st on page	10)	, [
											Page 9/13

		Data Sheet					
List of Tax Offices Requirement: Nationality							
Clarendon - Chapelton - Lionel Town - May Pen		+ Where owners are not of Jamaican/Caricom nationality. The original /certified copy of the valid work permit is required.					
Hanover	- Lucea	 Where owners have become nationals by naturalization or marriage. The original/certified copy of the naturalization documents or marriage certificate is required. 					
Kingston	- Kingston	 Where an Individual's name has been changed by either marriage or a deed poll a certified copy of this document must be attached. 					
Manchester	- Christiana - Mandeville						
Portland	- Buff Bay - Port Antonio						
St. Andrew	- Constant Spring - Cross Roads						
St Ann	- Brown's Town - Moneague - St. Anns Bay						
St. Catherine	 Linstead Old Harbour Spanish Town Portmore 						
St. Elizabeth	- Santa Cruz - Black River						
St. James	- Montego Bay						
St. Mary	- Annotto Bay - Port Maria						
St. Thomas	- Morant Bay - Port Morant						
Trelawny	- Falmouth - Jackson Town						

Westmoreland - Darliston

- Savanna-La-Mar

JUSTIFICATION WORDS AND RESPONSIBLE TABLE

- + The use of certain words, in the proposed name of a company/business shall be justified to the Registrar's satisfaction prior to registration where-
 - = The use of the word suggests a connection with the Crown or members of a royal family or suggests royal patronage, for example "Royal", "King", "Princess", "Prince", or "Crown";
 - = The name suggests a connection with a Government department, statutory undertaking, local authority, or with any Commonwealth or foreign Government;

Words used in Name	Justi	fication Reasons
1. Global	a)	Conducting business globally
2. "Group"	a)	First in the group of companies
Holding/(s)	a)	The companywill be holding shares in other companies
	b)	The companywill own other companies
4. "National"	b)	Affiliated with other Jamaican entities
International;	c)	Will be Trading internationally
	d)	Serving clients locally and overseas
6. Caribbean	e)	Operating within the Caribbean
	f)	Trading with the Caribbean
7. CARICOM	g)	Trading with CARICOM countries
8. Worldwide	h)	Trading worldwide
	i)	Conducting business worldwide
	j)	Buying goods worldwide/globally
9. "King", "Princess", "Prince",	k)	It is myname; It is my address.
Queen or "Crown"; "Royal",	1)	Divine Guidance
. , , .		
10. Crown	m)	Only Crowne is allowed. No justification required if "e"is at the end
11. "Royal",	n)	Only Royale is allowed. No justification required if "e"is at the end
12. Nationality. Names contains		Will be trading goods from this country or will be trading with this
Nationality for example "British"	0)	
or "American" etc;	p)	Will be affiliated with this country
or randical cit,	P	will be allimated with this country
13. A Parish in the name	9)	I live in this parish
13. A l'alish in the haine	q) r)	I was born in this parish
	s)	Business Operating in the parish
14. A Personal name	t)	This is a family name.
14. A reisonal name	u)	my mother's name, father's name. my name.
	v)	If not 'a family name" then permission is needed. Submit permission.
	٧,	if not a family fame their permission is needed, obtain permission.
15. "Standard"	w)	Submit permission
may not be included in a	/	John Primition
proposed company name unless		
the Minister has given his		
consent pursuant to section 13 of		
the Standards Act		
16. "Blue Mountain"	x)	Submit permission
may only be used where the		-
Coffee IndustryBoard has so		
permitted pursuant to the Coffee		
Industry Regulation Act		

CERTIFICATION TABLE - PART 1 OF 2

- + When selecting a nature/the businesses activity, where the use of these words in the nature makes reference to these professions/occupations certification is required.
- + The nature must be for profit making, cannot be a charity.
- + This requires the production of certification from the relevant professional or regulatory body upon submission for registration.

THE NATURE OR NAME OF BUSINESS MAKING REFERENCE TO THESE PROFESSIONS/ OCCUPATIONS REQUIRE CERTIFICATION	PROFESSION AL/ REGULATORY BODY	CERTIFICATION	Justification of Name Required	Certification Required For Company
ACCOUNTANT (PUBLIC)	PUBLIC ACCOUNTANCY BOARD	License	МО	ALL
ACCOUNTANT (Chartered)	ICAJ	PRACTISING CERTIFICATE	МО	ALL
ARCHITECT	ARCHITECTS REGISTRATION BOARD	CERTIFICATE OF REGISTRATION	NO	ALL
Legal/Law	GENERAL LEGAL COUNCIL	PRACTISING CERTIFICATE	NO	ALL
ATTORNEY-AT-LAW	GENERAL LEGAL COUNCIL	PRACTISING CERTIFICATE	NO	ALL
BARBER	LOCAL BOARD OF HEALTH for respective Parish Council	LICENCE	NO	ALL
Bank	Bank of Jamaica	LICENCE	NO	ONLY 1
BEAUTY THERAPIST/COSMETOLOGIST/HA IR DRESSER	LOCAL BOARD OF HEALTH for respective Parish Council	LICENCE	NO	ALL
TRADER IN SECOND HAND GOLD/CASH FOR GOLD	RE SIDENT MAGISTRATE COURT	LICENCE	NO	ALL
CREDIT BUREAU	Bank of Jamaica	LICENCE	NO	ONLY 1
CUSTOM BROKER	CUSTOM BROKER ASSOCIATION	LICENCE	NO	ALL
DENTIST	DENTAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
DIETICIAN	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	PRACTISING CERTIFICATE	NO	ALL
ELECTRICAL INSTALLATION	BOARD OF ELECTRICIANS	LICENCE	NO	ALL
Engineering	PROFESSION AL ENGINEERS REGISTRATION BOARD	PRACTISING CERTIFICATE	YES	ALL
ENGINEER	PROFESSION AL ENGINEERS REGISTRATION BOARD	PRACTISING CERTIFICATE	YES	ALL
LAND SURVEYOR	LAND SURVEYORS BOARD	PRACTISING CERTIFICATE	NO	ALL
LOTTERY AGENTS	BETTING, GAMING AND LOTTERIES COMMISSION	LICENCE	NO	ONLY 1
Me dic al	MEDICAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
MEDICAL PRACTITIONER	MEDICAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
MEDICAL LABORATORY TE CHNICIAN	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	PRACTISING CERTIFICATE	NO	ALL

CERTIFICATION TABLE- PART 2 OF 2

- + When selecting a nature/the businesses activity, where the use of these words in the nature makes reference to these professions/occupations certification is required.
- + The nature must be for profit making, cannot be a charity.
- + This requires the production of certification from the relevant professional or regulatory body upon submission for registration.

THE USE OF THE SE WORDS IN THE NATURE OR NAME OF BUSINESS MAKING REFERENCE TO THE SE PROFESSIONS/ OCCUPATIONS REQUIRE CERTIFICATION	PROFESSIONAL/ REGULATORY BODY	CERTIFICATION	Justification of Name Required	Certification Required For
NURSE/MID-WIFE	NURSING COUNCIL	CERTIFICATE OF REGISTRATION	NO	ALL
OCCUPATIONAL THERAPIST	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
OPHTHALMOLOGIST	MEDICAL COUNCIL OF JAMAICA	PRACTISING CERTIFICATE	NO	ALL
OPTICIAN/OPTOMETRY PROFESSIONAL	REGISTRAR GENERAL'S DEPARTMENT	LETTER FROM COUNCIL EVIDENCING REGISTRATION / OR COPY OF MOST RECENT GAZETTE SHOWING REGISTRATION	NO	ALL
PEST CONTROL	PESTICIDE CONTROL AUTHORITY	CERTIFICATE OF REGISTRATION	NO	ALL
PHARMACY	PHARMACY COUNCIL OF JAMAICA	No Objection Letter	NO	ONLY 1
PHARMACIST	PHARMACY COUNCIL OF JAMAICA	CERTIFICATE OF REGISTRATION/ PRACTICING CERTIFICATE	NO	ONLY 1
PHYSIOTHERAPIST	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
PROPERTY DEVELOPER (for specific projects)		LICENCE	NO	ALL
PROPERTY MANAGEMENT	REAL ESTATE BOARD	LICENCE	NO	ALL
RADI OGRAPHERS	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
REAL ESTATE DEALERS/REAL ESTATE SALESMAN	REAL ESTATE BOARD	LICENCE	NO	ALL
RETIREMENT HOMES	MINISTRY OF HEALTH	LETTER FROM MOH	NO	ONLY 1
SCHOOLS; DAY CARE CENTRES; NURSERIES	MINISTRY OF EDUCATION	LETTER FROM MOE	NO	ONLY 1
SPEECH THERAPIST	COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE	CERTIFICATE OF REGISTRATION	NO	ALL
VETERINARY SURGEON	VETERINARY COUNCIL OF JAMAICA	CERTIFICATE OF REGISTRATION	NO	ALL

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Page 13/13