

GUYANA REVENUE AUTHORITY

APPLICATION FOR TAXPAYER IDENTIFICATION NUMBER (TIN)-

INDIVIDUAL

IMPORTANT: PLEASE COMPLETE ALL BOXES WITH BLACK INK IN BLOCK LETTERS
YOU **MUST** FILL IN THE DARK GREY SHADED BOXES MARKED WITH ASTERISKS (*).
SEE DETAILED INSTRUCTIONS ATTACHED AT SECTION "C".



SECTION A: GENERAL TIN REGISTRATION	FORM ATIN-I
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1. TYPE OF APPLICATION a. First Application b. Amended Application
(Tick appropriate box)

2. TIN 3. IRD NUMBER
(Only for Amended Applications)

4. CUSTOMS NUMBER

5. TITLE a. Miss b. Mrs. c. Mr. **6.*GENDER** a. Male b. Female

7.*FIRST NAME

8.*LAST NAME

9. MIDDLE NAME

10.*DATE OF BIRTH YYYY MM DD **11. MOTHER'S MAIDEN NAME**

12.*HOME ADDRESS:

LINE 1

LINE 2

LINE 3

13.*EMPLOYER'S DETAILS

EMPLOYER'S NAME:

ADDRESS 1

ADDRESS 2

POST OFFICE BOX P.O. BOX # POST OFFICE LOCATION

14.*ADMINISTRATIVE REGION 01 02 03 04 05 06 07 08 09 10

15. HOME TELEPHONE # 16. OFFICE TELEPHONE #

17. CELL PHONE # 18. FAX #

19. INTERNET DATA:

a. email

b. website

20. NATIONALITY **21.*RESIDENCY** a. Resident b. Non - Resident

22.* NATIONAL ID# **23.*NIS #**

24.* PASSPORT # **25. DRIVER'S LICENCE #**

26.*TAXPAYER CATEGORY a. Employee b. Self-Employed c. Partner d. Estate e. Other

27.*BUSINESS SECTOR

28. CUSTOMS TRANSACTION TYPE a. Exporter b. Importer c. Declarant

29a. IF SELF-EMPLOYED GROSS SALES G\$
(Over the last/ next yr)

29b. IF PARTNER:

i. PARTNERSHIP TIN
(If known)

ii. PARTNERSHIP NAME

29c. IF ESTATE:

i. DECEASED'S FIRST NAME

ii. DECEASED'S LAST NAME