NATIONAL REVENUE AUTHORITY
Domestic Tax Department (DTD)
Republic of Sierra Leone

DTD 001 G

APPLICATION FOR GST REGISTRATION

Section A

Business / proprietor / Establishment Name **[1]**

Trading Name (If different from above **[2]**

Business Address **[3]**
Street
Town/District/Region

Telephone No. and E-mail [4]
Land Line
Mobile
Email Address

Trading Commenced (or will commence) **[5]**
Day / Month / Year

Taxpayer Identification No.(TIN) {if any} **[6]**

Type of Business (Tick One) **[7]**
Sole Proprietor ☐ Partnership ☐ Private Ltd Company ☐ Public Ltd Company ☐
State owned Enterprise ☐ Others ☐ If others specify **[8]** :.....

Date you became liable to register **[9]**
Day / Month / Year

Value of Total Sales/ Turnover (for the last 12 Months) **[10]**
In Words .....
.....
Figures (Le)

Value of taxable sales/ turnover(including zero rated) during last 12 months) **[1 1]**
In Words .....
.....
Figures (Le)

Describe your business activites. E.g.restaurant,Legal Service, Sale of used car **[12]**

Are you an Exporter? **[13]** *(Mark X in appropriate box)*: YES ☐ No ☐

Are you an Importer? **[14]** YES ☐ No ☐ Are your accounts computerised **[15]** YES ☐ No ☐

Section B

CERTIFICATE

[16] I _____ declare that the informaton given above are correct and complete

(Full name of signatory in BlOCK LETTERS)

Position .Eg Proprietor, Partner,Director etc **[17]**

Signature **[18]** .....

Date **[19]** Day / Month / Year

Section C

FOR NRA OFFICIAL USE ONLY

Office Code **[20]**

Reg. Type **[21]**

Business Sector Code **[22]**

Date of Receipt **[23]** Day / Month / Year

Effective Date of Registration (EDR) **[24]** Day / Month / Year

Approved by officer **[25]**

Entered By **[26]**

Reference no **[27]**

Taxpayer Identification No.(TIN) **[28]**

GST 001 COMPLETION NOTES

If you have branch(es) please ask for 'GST 001A Form' for the Branch(es)

If you need clarification or assistance in completing this form please contact the Domestic Tax Department (DTD) ,Groundfloor, Gladvic House, 19 Wellington Street, Tel Nos. 078/077/033/030 970844

Box Number

1 - Enter FULL NAME as follows

* **Sole Proprietor** -Title (Mr./Mrs./Miss/Dr.) followed by other name (s) and surname

* **Partnership** - Registered name of the partnership.

* **Company** - Name of company as entered on the Certificate of Incorporatio

2 - If you have a trading name different from that at [1] above - enter here. If not leave it blank.

3 - Enter details for your principal place of business - the address from which your day to day business affairs are conducted.

4 - Current E-mail address, number of land- line and mobile phone of the business

5 - Enter the date you commenced or intend to commence your trade.

6 - Enter your Taxpayer Identification Number (TIN).

7-8 - Who owns the business? - Tick one box only for the legal entity. For "other"s give further details at box [7] below.E.g. Clubs, Charities, Diplomatic Missions.

9 - Enter the date you became liable to be registered for GST under the GST Act 2009.

10 - Enter the total value of all sales/turnover for the last 12 month period. This should include standard rated, zero rated, exempt and institutional relief sales. (Give the figures to the nearest thousand leones).

11 Enter the total value of sales/turnover for the last 12 month period. This should comprise standard and zero rated sales/turnover only.(Give the figures to the nearest thousand leones).

12 - State the main business activity(ies) and type of supplies.

13-15 - Tick box(es) as applicable.

16 - 19 - Certificate to be completed as follows:

***Sole Proprietor**	-only by the Sole Proprietor himself/herself
* **Partnership**	- one of the Partners
***Company**	- a Director or Company Secretary
* **SOE/Public Corporation**	-a Director or Company Secretary
* **Others**	-Legally responsible person

20 - 28 - DO NOT FILL ITEMS 19-26

Please remember - If you do not apply for registration at the appropriate time you are committing an offence and will be liable to a penalty .