NATIONAL REVENUE AUTHORITY
GST ADMINISTRATION UNIT
Republic of Sierra Leone

GST 001A

REQUEST FOR COPY OF GST CERTIFICATE FOR BRANCH

HEAD OFFICE DETAILS — Section A

Name of Business or Proprietor **[1]**

Address of Principal place of business **[2]**

Town/District/Region

Taxpayer Identification No.(TIN) {if any} **[3]**

BRANCH DETAILS

BRANCH 1 — Section B

Branch Name **[4]**

Branch Address **[5]**

Town/District/Region

BRANCH 2

Branch Name **[4]**

Branch Address **[5]**

Town/District/Region

BRANCH 3

Branch Name **[4]**

Branch Address **[5]**

Town/District/Region

BRANCH 4

Branch Name **[4]**

Branch Address **[5]**

Town/District/Region

CERTIFICATE — Section C

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

(Full name of signatory in BlOCK LETTERS)

Position **[7]**

Signature **[8]** .....

Date **[9]** Day / Month / Year

FOR NRA OFFICIAL USE ONLY — Section D

Approved by officer **[10]**

Entered By **[11]**

Taxpayer Identification No.(TIN) **[12]**

GST 001A COMPLETION NOTES

If you have more than 4 branches please ask for 'GST001B' for the additional branch(es)

If you need clarification or assistance in completing this form please contact the GST Administration Unit, 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 Incorporation

2 - Enter details for your principal place where the Head Office day to day business is conducted.

3 - Enter your Taxpayer Identification Number (TIN).

4 Enter the full name of your branch. If you have more than four(4) branches, then you must request for a supplemetary form from GST Administration Unit or make photocopies of this fill sections A,B and C and attach the completed forms.

5 - The Physical location of each branch(es) must be enter.Provide streets address(es) and leave out phrases like "near the bridge" etc.

6 - 9 - 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

10 - 12 - DO NOT FILL ITEMS 10-12

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.