



BUSINESS FORMS

SECOND SCHEDULE

(reg.3(4))

BUSINESS REGISTRATION ACT 2012

(Regulation 3(2)(a))

Form 1

APPLICATION BY A SOLE PROPRIETOR FOR REGISTRATION OF BUSINESS PART A.

1. Full name of applicant:
- Previous Names (if any):
- Phone Number..... Email.....
2. *National Identification Number/Passport number/Driving licence
 Number/other:.....
- Date of Issue:.....Date of Expiration:.....
- Date of Birth:/...../.....
3. Plot Number :..... Area:.....
- City/Town:.....
- Origin Home: Village.....
- T/ADistrict.....
4. Business carried on:
 - (a) Name under which business is carried on (in order of priority)
 - 1.....
 - 2.....
 - 3.....
 - (b) Physical address of place of business:
 - (c) Business Postal Address.....

- (d) Description and nature of business:
- (e) Number of employees (or projected).....
- (f) Commencement Date:
- (g) Do you have an existing Tax Identification Number (TPIN) YES/NO
- (h) If YES to (g); TPIN:.....

CERTIFICATE OF APPLICANT

I certify that the particulars set out in this application are true and that I have no partner(s) in the said business.

Date: Signed:

PART B.

FOR OFFICIAL USE ONLY.

Approved/Rejected:

If rejected, reason for rejection:

Name of Officer:.....

Signature:
