



GHANA REVENUE AUTHORITY

TAXPAYER REGISTRATION FORM - ORGANISATION

(EXCLUDES ORGANISATIONS REGISTERED BY THE REGISTRAR-GENERAL'S DEPARTMENT)

COMPLETE FORM IN **BLOCK LETTERS** AND **BLACK / BLUE INK** ONLY **A B C D** SEE PAGES 3 AND 4 FOR INSTRUCTIONS

SECTION 1: PRIOR REGISTRATION (THIS FORM IS NOT FOR SALE)

ARE YOU A REGISTERED TAXPAYER? YES NO

SECTION 2: ORGANISATION CATEGORY

ORGANISATION TYPE (tick one) MDA MMDA FOREIGN MISSION TRUST

CO-OPERATIVE PUBLIC INSTITUTION OTHER

If OTHER Specify:

SECTION 3: ORGANISATIONAL DETAILS

ORGANISATION NAME [Grid]

RESIDENT (tick one) YES NO

OTHER INFORMATION (tick applicable ones) IMPORTER EXPORTER TAX CONSULTANT

NATURE OF BUSINESS [Grid]

TURNOVER IN GHc [Grid]

No OF EMPLOYEES [Grid]

SECTION 4: PREVIOUS TAX REGISTRATION INFORMATION (Complete this section if you are a registered taxpayer)

CURRENT TAX OFFICE [Grid]

OLD TIN NUMBER [Grid]

IRS TAX FILE # [Grid]

SECTION 5: BUSINESS ADDRESS

HOUSE NUMBER [Grid] BUILDING NAME [Grid]

STREET NAME / PROMINENT LANDMARK [Grid]

TOWN / CITY [Grid]

LOCATION / AREA [Grid]

POSTAL CODE [Grid]

COUNTRY [Grid]

REGION [Grid]

DISTRICT [Grid]

SECTION 6: POSTAL ADDRESS

POSTAL TYPE (tick APPLICABLE) P. O. BOX PMB DTD

POSTAL NUMBER [Grid] *Prefix* *Number*

BOX TOWN [Grid]

BOX REGION [Grid]

BOX LOCATION/AREA [Grid]

SECTION 7: CONTACT METHOD

PHONE NUMBER [Grid] MOBILE NUMBER [Grid]

FAX [Grid]

E-MAIL [Grid]

WEBSITE [Grid]

PREFERRED CONTACT METHOD (tick one) MOBILE EMAIL LETTER

SECTION 8: BRANCHES

NAME												LOCATION						ADDRESS					

SECTION 9: ASSOCIATED BUSINESS DETAILS

TIN						NAME						ADDRESS					

SECTION 10: TRUSTEES/OFFICERS

TIN						NAME						ADDRESS					

SECTION 11: DECLARATION

I, _____ declare that the information given above is correct and complete
full name of applicant

POSITION _____

SIGNATURE _____ DATE ____/____/____ (DD/MM/YYYY)

SECTION 12: OFFICE USE

ORIGINATING TAX OFFICE _____ ASSIGNED TAX OFFICE _____

VETTING OFFICER _____ ISIC CODE [] [] [] [] []

DATE OF SUBMISSION ____/____/____ (DD/MM/YYYY) IRS TAX FILE # [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

DATA ENTRY OFFICER _____ DATE OF DATA ENTRY ____/____/____ (DD/MM/YYYY)

REMARKS _____ ISSUED TIN [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

TAXPAYER REGISTRATION FORM – ORGANISATION
(REGISTRATION FORM IS FOR ORGANISATIONS NOT REGISTERED BY THE REGISTRAR GENERAL’S DEPT)
COMPLETION NOTES

SECTION	NOTES
GENERAL	<p>Complete Form in BLOCK characters in Black or Blue ink only. Spell out all words - Do not use Abbreviations.</p> <p>All dates are formatted as dd/mm/yyyy. For example 04/06/2011 is 4th June, 2011. If FIELD information is Not Applicable please enter N/A.</p> <p>All applications should be supported by a letter or certificate.</p>
SECTION 1 PRIOR REGISTRATION	<p>1. Tick YES, if you are a registered taxpayer and / or have a TIN, otherwise tick NO</p>
SECTION 2 ORGANISATION CATEGORY	<p>ORGANISATION TYPE: Tick appropriate check box.</p> <p>MDA - Ministries, Departments and Agencies MMDA - Metropolitan, Municipal and District Assemblies FOREIGN MISSION - Includes embassies, UN Agencies and other international and sub-regional ORGANISATIONS TRUST – Organisations registered under the Trusteeship Act CO-OPERATIVES- Organisations registered by the Department of Co-operatives PUBLIC INSTITUTIONS-Government institutions not registered as MDAs (such as the Universities, and other educational institutions) OTHER – all other ORGANISATIONS outside the above listed. Provide a brief description/clarification</p>
SECTION 3 ORGANISATIONAL DETAILS	<p>ORGANISATION NAME – Provide name of the ORGANISATION as registered by an appropriate authority e. g. Ghana Revenue Authority. Documentary proof of this registration will be required.</p> <p>RESIDENT – Tick No if not resident in Ghana (Default is Yes)</p> <p>An organization is resident if a. it is established in Ghana, b. has a resident person as a manager at any time during the organisation’s fiscal year or is controlled directly or indirectly by a resident person or persons at any time during the fiscal year.</p> <p>OTHER INFORMATION: Tick as applicable IMPORTER, EXPORTER, TAX CONSULTANT</p> <p>NATURE OF BUSINESS: Provide a brief description of business activities or nature of business</p> <p>TURNOVER: Annual turnover for the past calendar year or twelve months; or projected annual turnover if applicable.</p> <p>No. OF EMPLOYEES: Number of employees or projected number of employees.</p>
SECTION 4 PREVIOUS TAX REGISTRATION	<p>If you are already a registered taxpayer specify: Current Tax Office – Current Tax Office TIN - Old Taxpayer Identification Number and IRS tax file number.- file number assigned by erstwhile IRS Tax Office</p>

<p>SECTION 5</p> <p>BUSINESS ADDRESS</p>	<p>HOUSE NUMBER - this is the number of the house on the street. For example for 250 Ako Adjei street the house number is 250 and Ako Adjei street is the street name</p> <p>BUILDING NAME: Conspicuously and recognizably labelled building, for example VAT HOUSE</p> <p>STREET NAME - Name of street including description of landmark(s) that could aid in locating the building e.g. Ring Road, 50m from Kwame Nkrumah Circle.</p> <p>POSTAL CODE: Applicable to only applicants with foreign postal addresses</p> <p>LOCATION / AREA - Name of location e.g. suburb and description of area within a city or town. For example DANSOMAN (AKOKOFOTO) or NORTH KANESHIE (LAST STOP)</p> <p>OWNERSHIP: Indicate whether business premises are RENTED, OWNED BY THE BUSINESS, or FREE USE. If premise is rented, provide LANDLORD'S NAME and PHONE NUMBER If premise is owned by business, indicate whether part of premise is rented out by ticking Yes or No checkbox.</p>
<p>SECTION 6</p> <p>POSTAL ADDRESS</p>	<p>Provide Postal address.</p> <p>POSTAL TYPE: Select the Postal type applicable.</p> <ol style="list-style-type: none"> I. P. O. Box: Normal Post box II. P.M.B: Private Mail Bag III. DTD: "Door To Door" delivery IV. POSTAL NUMBER: Enter Prefix and number – e.g. P.O. Box GP2002: tick P. O. Box, prefix is GP and the number is 2002; for PMB TUC : tick PMB only. The location/Area identifies PMB location TUC. <p>BOX LOCATION / AREA - Name of post office area - e.g. Cantonments, TUC or Accra-North.</p>
<p>SECTION 7</p> <p>CONTACT METHOD</p>	<p>Provide details of method of contact - Phone Number, Mobile Number etc and Select the preferred method of contact by ticking one of the following checkboxes: Letter, Email, Mobile.</p>
<p>SECTION 8</p> <p>BRANCH</p>	<p>Provide details of branches and business. Attach additional forms when necessary</p>
<p>SECTION 9</p> <p>ASSOCIATED BUSINESS</p>	<p>Provide required details of all associated businesses. Use additional forms when necessary.</p>
<p>SECTION 10</p> <p>TRUSTEES / OFFICERS</p>	<p>Provide required details of all trustees/Officers with the ORGANISATION</p>
<p>SECTION 11</p> <p>DECLARATION</p>	<p>The person applying on behalf of the organisation must provide full name and sign. The Signatory will be held liable for any false declaration.</p>