## **APPLICATION FORM FOR TAXPAYER REGISTRATION**

(For Individuals)

SECTION A (For Sri Lanka C	itiz	ens)														
National Identity Card Number (	NIC	C) *	:													
SECTION B (For Foreigner)																
Passport No. *	:															
Date Expiry of Passport *	:	D	D	/	M	M	/	Y	Y	Y	Y					
Date of Arrival to Sri Lanka *	:	D	D	/	M	M	/	Y	Y	Y	Y					
Country of Issuance of Passport *	:															
SECTION C			I		I				ı			1				
Salutation *	:	<b>□</b> F	Rev.		Prof.		Dr.		Mr			Ms.				
Name with Initials (English)*	:															
(Sinhala/ Tamil)	:															
Full Name of Applicant (English) *	:															
(Sinhala/Tamil)	:															
,																
Date of Birth *	:	D	D	/	M	M	/	Y	Y	Y	Y					
Country of Birth*				'	111	111	'	1	1	1	_	<u> </u> 				
•	:															
Gender * : ☐ Male ☐ Fo	emal	e		Na	tiona	lity *	:									
Preferred Language *	:		Sinl				Tam			☐ F	Engli	sh				
IRD will use this preferred language to Source of Income*	seno:		rs, no Busi		form				ent	□ Ir	vest	ment	п	Othe	erc	
If others, please specify	:		Dust	ness			<u> </u>	10 9 111			I V C B C			Oth		
Profession *	:															
Resident status*	:		Res	ident	t				Nor	ı -Re	sider	nt				
Citizenship*	:		Citi	izen					Nor	ı-Citi	izen					
Dual Citizenship*	:				Vo	Dual	Citiz	zensh	nip co	untry	y					
Website URL	:										L					

Premises No.	: Unit No. :
Address	:
	Postal Code :
Sinhala/Tamil)	1 Ostal Code .
Premises No.	: Unit No. :
Address	:
	Postal Code :
Province *	: District * :
Divisional Secretari	iat* : Grama Niladhari Division *:
RESIDENTIAL A	ADDRESS
(English) *	
Premises No.	: Unit No. :
Address	:
	Postal Code
(Sinhala/Tamil)	Postal Code :
Premises No.	: Unit No. :
Address	:
	D . 10.1
	Postal Code :
FOREIGN ADDR	
Address (English)	
	Country :
	Country .

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Mobile :		<u> </u>				<b></b> (	Office	:									<u>_</u>
Home :						E	Email*										
BANK INFORMATION																	
Bank Name :																	
Account Number :																	
FAMILY INFORMATION	N																
Civil Status* :		Single		Ma	rried	(Fill i	n spou	se an	d chil	dren	's infe	orma	tion į	if app	lical	ole)	
Name of spouse :																	
NIC of spouse :																	
TIN of spouse :																	
CHILDREN'S INFORMA	TION	-				1					ı						
Name		NI	C (if a	ny)			Da	te of	Birth				G	Sende	r		
INDIVIDUAL BUSINESS fill in Appendix A)	(Fill i	n if yo	u have	e a pi	roprie	torsh	ip. If yo	ou ha	ve mo	re th	an or	ie pro	oprie	torsh	ip, p	lease	?
Name of Business *	:																
	:																Ī
Registration No. *	•																<u></u>
										1	]						
Principal Activity of Busine	ss * :	D	D	/	М	М	/ Y	Y	Y	Y							
Principal Activity of Busine  Date of Commencement *	ss * :			/		M	/ Y	Y	Y	Y	]						
Principal Activity of Busine	ss * :	D	D Yes	1		No	/ Y	Y	Y	Y	]						
Principal Activity of Busine  Date of Commencement *  BOI Registered *  BOI Start Date	SS * :		Yes		M	No M			1		]						
Principal Activity of Busine  Date of Commencement *  BOI Registered *  BOI Start Date  BOI Expiry Date	ss * : :	D D	Yes D D	/	M M	No M M	/ Y	Y	Y	Y							
Principal Activity of Busine  Date of Commencement *  BOI Registered *  BOI Start Date	ss * : :	D	Yes	/	M	No M M	/ Y	Y	Y	Y	]						
Principal Activity of Busine  Date of Commencement *  BOI Registered *  BOI Start Date  BOI Expiry Date  Is it your Primary Business *	ss * : :	D D	Yes D D	/	M M	No M M	/ Y	Y	Y	Y							
Principal Activity of Busine  Date of Commencement *  BOI Registered *  BOI Start Date  BOI Expiry Date  Is it your Primary Business *  ADDRESS (English) *	ss * : :	D D	Yes D D	/	M M	No M M	/ Y	Y	Y	Y	]						
Principal Activity of Busine  Date of Commencement *  BOI Registered *  BOI Start Date  BOI Expiry Date  Is it your Primary Business *  ADDRESS (English) *  Premises No. :	ss * : :	D D	Yes D D	/	M M	No M M	/ Y	Y	Y	Y							

If application i																			
Name :					Г					<u> </u>		<u> </u>		<u> </u>			1	1	
National Identit	y Card /	Passpo	rt No.	:															
Designation :																			
AUTHORIZA'	TION *																		
do hereby cert	ify that t	he parti	iculars	s furr	nish	ed by	y me	in th	is ap <sub>l</sub>	olica	tion	are t	rue a	nd co	rrect.				
Name* :																			
Designation :																			
National Identit	y Card /	Passpo	rt No.	*	: [														
Signature*:																			
Date* :	D D	/	M	M	/	Y	Y	Y	Y										
	he <b>Metro</b>		hes o	r Reg	gion	al O	ffice	s. If y	ои а	re li	able	for I	ncon	ie Ta	x or a	any o			
	he <b>Metro</b>	Branc	hes o	r Reg	gion	al O	ffice	s. If y	ои а	re li	able	for I	ncon	ie Ta	x or a	any o			
	he <b>Metro</b>	Branc	hes o	r Reg	gion	al O	ffice	s. If y	ои а	re li	able	for I	ncon	ie Ta	x or a	any o			
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	he <b>Metro</b>	Branc	hes o	r Reg	gion	al O	ffice	s. If y	ои а	re li	able	for I	ncon	ie Ta	x or a	any o			
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