



**NATIONAL DIRECTORATE OF DOMESTIC REVENUE
APPLICATION FOR TAX IDENTIFICATION NUMBER
GENERAL BUSINESS REGISTRATION FORM**

**NDDR Form
No.00002.1**

DO YOU HAVE A TAX IDENTIFICATION NUMBER (TIN)?

Yes No

If 'yes', please provide your TIN _____

ENTERPRISE TYPE (place an X in one box only)

Company Partnership Unincorporated Association Non-profit organisation

Individual/Sole trader Trust Other (give) _____

WHAT IS YOUR LEGAL (TAXPAYER) NAME? _____

(i.e. Partnership/Joint Venture name, Company name, Trust name. If you are a sole trader, the individual owner's name.)

IF YOU ARE AN INDIVIDUAL/SOLE TRADER, WHAT IS YOUR DATE OF BIRTH? ___/___/_____

WHAT IS YOUR BUSINESS REGISTRATION NO.? _____ **REGISTRATION DATE** ___/___/_____

Provide a copy of your Business Registration Certificate Copy attached

TO BE COMPLETED BY COMPANIES ONLY

What is the country of incorporation? _____

Companies must provide a copy of their certificate of incorporation and a copy of the company's memorandum and articles of association or constitution

Certificate of Incorporation attached Memorandum and Articles of Association attached

Constitution

WHAT IS YOUR BUSINESS TRADING NAME: _____

WHAT DATE DID YOU COMMENCE, OR DO YOU INTEND TO COMMENCE BUSINESS ACTIVITIES IN TIMOR LESTE?

___/___/_____ (dd/mm/yyyy)

ARE YOU A RESIDENT OF EAST TIMOR FOR TAX PURPOSES?

Yes No

IN WHICH LANGUAGE WOULD YOU PREFER TO RECEIVE CORRESPONDENCE AND PUBLICATIONS FROM THE REVENUE SERVICE? Bahasa Indonesian English Portuguese

WHAT IS YOUR ESTIMATED ANNUAL GROSS SALES ? \$ _____ USD

WHAT IS YOUR MAIN BUSINESS ADDRESS?

Street number _____ Street Name _____

Village _____ Sub-district _____ District _____

Telephone Number _____ Mobile Number _____

Fax number _____ E-mail Address _____

WHAT IS YOUR ADDRESS FOR CORRESPONDENCE

Street No. _____ Street Name _____

Village _____ Sub-District _____ District _____

PO Box _____ Town/City _____ State/Territory _____

Country _____ Postal Code _____

NUMBER OF PAID EMPLOYEES? _____ 0 1-4 5-20 20+

CONTACT DETAILS

Provide contact details of the person that we can contact to discuss your tax affairs during ordinary business hours

Title _____ Family Name _____ Given Name _____ Other Names _____

Position _____

Telephone Number _____ Mobile Number _____

Fax Number _____ E-mail Address _____

MULTIPLE ESTABLISHMENTS**DO YOU HAVE MORE THAN ONE TRADING ESTABLISHMENT?**Yes No

List the details of each establishment owned by you (other than the main establishment). If you have more than one additional establishment, please provide the details on a separate sheet of paper.

Trading Name: _____

Street number _____ Street Name _____

Village _____ Sub-district _____ District _____

Telephone Number _____ Mobile Number _____

Fax number _____ E-mail Address _____

Date that business activity commenced ____/____/____ (dd/mm/yyyy)

Business Activity _____

ARE YOU PAYING RENT ON ANY/ALL OF YOUR BUSINESS PREMISESYes No If 'Yes', what is your total monthly rental payment? \$ _____ USD RP **LANDLORD DETAILS:**

Title _____ Family Name _____ Given Name _____ Other Names _____

Street Number _____ Street Name _____

Village _____ Sub-district _____ District _____

Telephone Number _____ Mobile Number _____

ENTERPRISE OWNERSHIP DETAILS: Complete this if you are a shareholder in a company or a partner in a partnership/joint venture or the trustee of a trust. Provide details of all shareholders or additional owners/partners on a separate sheet of paper if necessary.

Tax Identification Number (TIN) _____

Title _____ Family Name _____

First Name _____ Other Names _____

Date of Birth ____/____/____

Position held: Partner Trustee Shareholder

Ownership start date ____/____/____

% Ownership in business _____%

DESCRIBE THE MAIN BUSINESS ACTIVITY FROM WHICH YOU WILL DERIVE MOST OF YOUR BUSINESS INCOME. IT IS IMPORTANT THAT YOU DESCRIBE YOUR MAIN BUSINESS ACTIVITY AS CLEARLY AS POSSIBLE. (FOR EXAMPLE: Do not simply say "Retail", describe what you retail, i.e. Retail of clothing & footwear or Retail of Bread and pastries, etc.):

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GENERAL COMMENTS:

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DECLARATION
I DECLARE THAT I AM CARRYING ON AN ENTERPRISE AND CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS COMPLETE AND CORRECT.

SIGNATURE	DATE

NAME	POSITION

OFFICE USE ONLY

TIN: _____ **Zone:** **TIN Letter Delivered by:** _____ **Date** _____

Taxpayer Type: Business Timor Gap Business Non-Business

Charity (NGO) Government Organisation

Tax Accounts: Services Tax Wage Income Tax Final withholding Tax

Income Tax Instalment Tax

Industry Sector Classification: _____

Enterprise Trade Type Classification: _____