



**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 PREMISES**Yes  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.):** .....

.....  
 .....

**GENERAL COMMENTS:** .....

.....  
 .....

**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:** \_\_\_\_\_