

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT



S-10/S

STAMP DUTY (S-10 SUPPLEMENTAL)

Note: Where applicable, complete names, addresses, nationality and property information. Failure to complete applicable sections can cause a delay in processing of your document. This form must be submitted with the STAMP DUTY (S-10)

1. VENDOR PURCHASER AGENT

LAST NAME: FIRST NAME:

MIDDLE NAME(S):

DATE OF BIRTH: DD / MMM / YYYY

COMPANY NAME:

ADDRESS:

CITY / TOWN / VILLAGE: STATE:

COUNTRY: CODE:

HOME PHONE: WORK PHONE: MOBILE PHONE:

E-MAIL ADDRESS:

NATIONALITY: SOCIAL SECURITY NO. (SKN):

TYPE OF IDENTIFICATION: ID NO.:

2. VENDOR PURCHASER AGENT

LAST NAME: FIRST NAME:

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3. VENDOR PURCHASER AGENT

LAST NAME: FIRST NAME:

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E-MAIL ADDRESS:

NATIONALITY: SOCIAL SECURITY NO. (SKN):

TYPE OF IDENTIFICATION: ID NO.:

INLAND REVENUE DEPARTMENT USE ONLY

IROD:

1. VENDOR TP NO.:

PURCHASER TP NO.:

2. VENDOR TP NO.:

PURCHASER TP NO.:

3. VENDOR TP NO.:

PURCHASER TP NO.:

OFFICER:

SIGNATURE