

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT



TPS-030

CHANGE OF REGISTRATION DETAILS

SECTION 1 - BUSINESS TYPE AND CONTACT DETAILS

CORPORATION: LIMITED PARTNERSHIP: CHARITY:
UNINCORPORATED: ASSOCIATION/ SOCIETY: OTHER:
TAXPAYER NO.: SOCIAL SECURITY NO.:
LAST NAME: FIRST NAME:
MIDDLE NAMES:
COMPANY NAME:
BUSINESS (TRADE) NAME:
BUSINESS ADDRESS:
CITY / TOWN / VILLAGE: PARISH:
MAILING ADDRESS:
CITY / TOWN / VILLAGE: PARISH:
COUNTRY: CODE:
HOME PHONE: WORK : MOBILE :
E-MAIL ADDRESS:
PRIMARY CONTACT:
BUSINESS START DATE: FINANCIAL YEAR END:
DAY / MONTH / YEAR DAY / MONTH

	NAME	RELATIONSHIP
RELATED PARTY 1:	<input type="text"/>	<input type="text"/>
RELATED PARTY 2:	<input type="text"/>	<input type="text"/>
RELATED PARTY 3:	<input type="text"/>	<input type="text"/>
ACCOUNTANT:	<input type="text"/>	
ADDRESS:	<input type="text"/>	
LAWYER:	<input type="text"/>	
ADDRESS:	<input type="text"/>	
FINANCIAL INSTITUTION:	<input type="text"/>	
ADDRESS:	<input type="text"/>	
	PERSONAL AND BUSINESS ACCOUNT: <input type="checkbox"/>	BUSINESS ACCOUNT: <input type="checkbox"/>
AGENT / REPRESENTATIVE:	<input type="text"/>	
ADDRESS:	<input type="text"/>	

SECTION 2 - NATURE OF BUSINESS

AGRICULTURE: HOTEL RESTAURANT: PROFESSIONAL SERVICES: MINING / OIL / GAS:
TRANSPORTATION: RETAIL: ARTS ENTERTAINMENT: FISHING HUNTING:
FINANCE INSURANCE: REAL ESTATE\ RENTALS: EDUCATIONAL SERVICES: HEALTHCARE:
DUTY FREE STORE: WHOLESALE: MANAGEMENT SERVICES:
OTHER:

SECTION 3 - PARTNERSHIP / OWNERSHIP DETAILS

1. LAST NAME: FIRST NAME:
 MIDDLE NAMES:
 MAILING ADDRESS:
 CITY / TOWN / VILLAGE: PARISH:
 COUNTRY: CODE:
 HOME PHONE: WORK : MOBILE :
 E-MAIL ADDRESS:

2. LAST NAME: FIRST NAME:
 MIDDLE NAMES:
 MAILING ADDRESS:
 CITY / TOWN / VILLAGE: PARISH:
 COUNTRY: CODE:
 HOME PHONE: WORK : MOBILE :
 E-MAIL ADDRESS:

Attach form with additional names and details as necessary.

SECTION 4 - ACCOUNTING SYSTEM

COMPUTER: POINT OF SALE: CASH REGISTER: MANUAL:
 OTHER:

ACCOUNTING SOFTWARE

QUICKBOOKS: PEACHTREE: MYOB: ACCPAC:
 OTHER:

MANUAL BOOKS RECORDS

CASH RECEIPTS: PETTY CASH: PURCHASES: INVENTORY:
 GENERAL LEDGER: ACCOUNTS PAYABLE: ACCOUNTS RECEIVABLE: GENERAL:
 CASH DISBURSEMENTS:

SECTION 5 - DECLARATION

I declare that the information given on this form is to the best of my knowledge and belief true and correct and that I have the authority to disclose the information provided. I understand that the Saint Christopher and Nevis Inland Revenue Department reserves the right to review the information provided and the company and/or their representatives will be held responsible for (i) understating, overstating or omitting data and (ii) the payment of any fees fines and penalties associated with their actions, as defined under the Tax Administration and Procedures Act, any other tax act and The Perjury Act . Please be aware that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to a fine of thirty-thousand (\$ 30,000.00) dollars or imprisonment for a term of seven (7) years.

SIGNATORY FULL NAME:

SIGNATURE OF DIRECTOR OR REPRESENTATIVE

DAY / MONTH / YEAR

SECTION 6 - INLAND REVENUE DEPARTMENT USE ONLY

NAME OF OFFICER

SIGNATURE OF OFFICER

DAY / MONTH / YEAR