

# SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

**VAT-001b**

## VAT APPLICATION FOR REGISTRATION SUPPLEMENTARY FORM

**1.** TAXPAYER NO. (TIN):

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TRADE NAME:

ADDRESS:

CITY / TOWN / VILLAGE:

PARISH:

COUNTRY:

WORK PHONE:

TELEPHONE:

**2.**

TRADE NAME:

ADDRESS:

CITY / TOWN / VILLAGE:

PARISH:

COUNTRY:

WORK PHONE:

TELEPHONE:

**3.**

TRADE NAME:

ADDRESS:

CITY / TOWN / VILLAGE:

PARISH:

COUNTRY:

WORK PHONE:

TELEPHONE:

### SECTION 2 - DECLARATION

I declare that the information given on this application form is to the best of my knowledge and belief, true, correct and complete, and that I have the authority to disclose the information provided.

FULL NAME:

TITLE:

DATE:

DAY

/ MONTH

/ YEAR