



NON-INDIVIDUAL ENTERPRISE REGISTRATION FORM

Government of Saint Lucia
Inland Revenue Department

Enterprise Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corporation	Partnership	Non-Profit	Government	Joint Venture	Trust

Registered Name	<input style="width: 100%;" type="text"/>					
Registration Number	<input style="width: 150px;" type="text"/>	Registration Date	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	
			Day	Month	Year	
Trade Name	<input style="width: 100%;" type="text"/>					
Work Phone Number	<input style="width: 150px;" type="text"/>					
Start Date	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	Close Date	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
	Day	Month	Year		Day	Month
Fiscal Year Start	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>		Fiscal Year Close	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
	Day	Month			Day	Month
Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>						

MAILING ADDRESS						
Street	<input style="width: 100%;" type="text"/>					
City/Village	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	Postal Code	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
	<input style="width: 150px;" type="text"/>				<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

Foreign Parent Name	<input style="width: 100%;" type="text"/>					
Street	<input style="width: 100%;" type="text"/>					
City	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

Trade Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 150px;" type="text"/>	
	Wholesale	Retail	Manufacturing	Service	Other	
Business Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 150px;" type="text"/>
	Banking	Hotel	Restaurant	Insurance	Transport	Other

BANK/CREDIT UNION						
Name	<input style="width: 100%;" type="text"/>					
Street	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
City/Village	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Account Number	<input style="width: 100%;" type="text"/>					

Estimated Installment Amount \$	<input style="width: 150px;" type="text"/>
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REGISTERED NAME:

REPRESENTATIVE INFORMATION

Representative Name

Representative Type Tax Consultant Liquidator Trustee Agent Lawyer Accountant Other

Reason for Representation Minor Liquidation Non-resident Deceased Business Legally Handicapped Other

Contact Name

Contact Title

ENTERPRISE ESTABLISHMENTS (At least one Head Office must be entered)

Name Head Office Yes No

Street City/Village Postal Code

Name Head Office Yes No

Street City/Village Postal Code

Name Head Office Yes No

Street City/Village Postal Code

Name Head Office Yes No

Street City/Village Postal Code

ENTERPRISE OWNERSHIP

Last Name	First Name	Start Date			% Owned
		Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REGISTERED NAME:

ENTERPRISE EMPLOYMENT

Last Name	First Name	Start Date	End Date	Employee No.
		Day Month Year	Day Month Year	

Photocopy this page if there are more employees to add to the list. Please provide an Individual Registration form for every employee listed above.

REGISTERED NAME:

I hereby certify that the information given on this registration form is true, correct and complete in every way.

Name (Print)

TITLE

SIGNATURE

DATE

OFFICIAL USE ONLY

Taxpayer #

Enterprise #

Opening Tax \$

Penalty \$

Interest \$