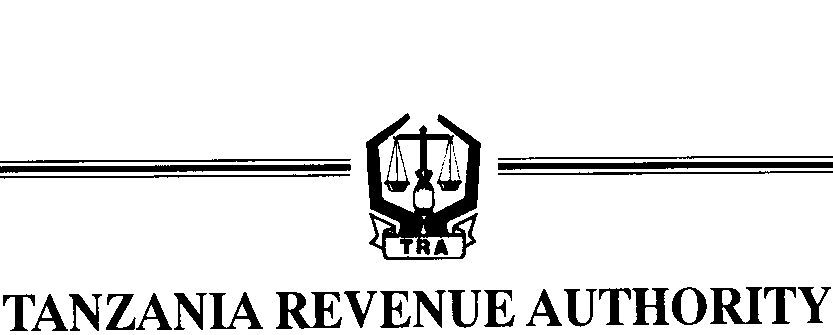
ITX245.02.E Application for Registration



# VALUE ADDED TAX

**APPLICATION FOR REGISTRATION FOR VAT/MAOMBI YA USAJILI WA KODI YA ONGEZEKO LA THAMANI**

*(Regulation 11(1))*

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| --- |
| 1. Taxpayer Identification Number (TIN) / Namba ya Utambulisho  2. F ull name of business /Jina kamili la biashara  4. Trading name (if different from 2 above)  5. Postal Address/ Anuani ya Posta: P. O. Box / S.L.P 6. Postal City / Jina la Mji  Physical Address/ Anuani ya Sehemu ya Biashara: 7. Plot number/ Namba ya kiwanja 8. Block number/ Namba ya Kitalu  9. Street or Location/ Jina la mtaa au Eneo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. District or Town/ Wilaya au Mji:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  11. Region or City / Mkoa au Jiji  Contact Numbers/ Namba za mawasiliano:  12. Phone number/ Namba ya Simu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 13. Second Phone / Simu ya Pili \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  14. Third Phone / Simu ya Tatu 15. Fax number/ Namba ya Faksi  16. Anuani ya E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  17. Taxpayer Category/ Aina ya Mlipakodi:  Government Agency/  Club/  Cooperative Society or Association/  Partnership/  Serikali Chama Ushirika Ubia  Limited Company/  Parastatal/  Sole Proprietor/  Other/  Kampuni yenye dhima ya kikomo Shirika la Umma Binafsi Nyingine  18. Description of business Activity(s)  19. Total turnover for the last 12 months (TZS)/  20. Total turnover, excluding exempt supplies,  for the last 12 months (TZS)  21. Turnover equal to or greater than one half of the registration threshold in the period of 6 months ( TZS)  **DECLARATION**  23. I ………………………………… ( FULL NAME OF APPLICANT), DO HEREBY declare that the goods are for use in the business specified under this application and shall not be disposed of in any manner or form, and I further declare that all the particulars given above are true to the best of my knowledge.  24. Signed 25. Position (State: Partner, Director, etc.)  26. Date: / /  **FOR OFFICIAL USE ONLY**  Registration Type  Business Sector Code  Date of Receipt  Effective date of registration (EDR)    APPROVED BY OFFICER  VAT Registration No. |
| *TO BE FILLED IN DUPLICATE* |