

Turks and Caicos Islands Revenue Department

Guide to completing the form:

- Adding a new individual customer: All owners, partners and shareholders are required to complete this form. All customers must show proof of status and valid identification.
 - Modifying an existing individual customer: Provide updated information.
 - Registration of the death of a customer/partner/shareholder: Provide the deceased information and present a certified copy of the death certificate.
- NB: 1. All owners (shareholders) are required to be named on the Business Licence Application
 2. In case of partnership, all partners must be listed
 3. An owner (shareholder/partner) could be a physical person (e.g. Paul Green) or a legal person (e.g. another corporation)

Individual Customer Information:

Last Name: _____	First Name: _____
Birth Date (day, month, year): ____ ____ ____	Deceased Date (day, month, year) : ____ ____ ____
Gender: Male: _____ Female: _____	Occupation (Profession): _____
Nationality: _____	National Insurance No: _____
Driver's Licence No: _____	Passport: _____
National Status Card _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed <input type="checkbox"/> Married	Maiden Name: _____
Home Phone No: () _____	Work Phone No: _____ Ext: _____
Cellular No: () _____	E-mail: _____

The **Individual's Customer No.** (If known): _____

Home Address (of the individual):

Bldg.# & Street: _____

District: _____

Island: _____

Country: _____

Resident: ____ (Y/N)

Mailing Address (of the individual):

Same as Home Address:

Bldg# & Street: _____

District: _____

Island: _____

Country: _____

Belonger: ____ (Y/N) Work Permit No: _____ Expiry Date (day, month, year): ____ ____ ____

Enterprise Information

Business Name: _____

Enterprise Phone No: () _____ Enterprise Fax No: () _____

E-mail Address: _____

Start Date (day, month, year): ____ ____ ____ Close Date (day, month, year): ____ ____ ____

Contact Name (if different from owner): _____

Contact Title: _____ Ph/Cell# () _____

Enterprise Establishments

Complete the following table for each establishment that you will carry on businesses; indicate in the last column the one that is use as your head office;

Name of Establishment	Address (Street)	District/Island	Bldg.#	Head Office (√)	For Hotel, Condos, Guest Houses, Villas, etc.	
					Classification	No. of Rooms/Units

I certify that the information above is true, accurate and complete. Customer:
 Name (PRINT): _____ Signature: _____ Date: _____

Official Use Only:
 Received and captured by (Registration Officer):
 Name (PRINT): _____ Signature: _____ Date: _____
 Verified by (Vetting Officer):
 Name (PRINT): _____ Signature: _____ Date: _____
 Customer No _____