



APPLICATION FORM FOR TAXPAYER REGISTRATION

(For Individual and Proprietorship)

*All fields marked with * are Mandatory*

Please fill up the form using BLOCK LETTERS

SECTION A (For Sri Lanka Citizen)

National Identity Card Number (NIC) * :

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Name with Initials (English)* :

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(Sinhala) :

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(Tamil) :

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SECTION B (For Foreigner)

Passport No. * :

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Date Expiry of Passport * :

D	D	/	M	M	/	Y	Y	Y	Y
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Date of Arrival to Sri Lanka * :

D	D	/	M	M	/	Y	Y	Y	Y
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Country of Issuance of Passport * :

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SECTION C

Salutation * : Rev. Prof. Dr. Mr. Ms.

Full Name of Applicant (English) * :

(Sinhala) :

(Tamil) :

Date of Birth * :

D	D	/	M	M	/	Y	Y	Y	Y
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Country of Birth :

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Gender * : Male Female Nationality * :

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Preferred Language * : Sinhala Tamil English

IRD will use this preferred language to send letters, notices, forms and returns

Preferred Mode of Alert * : SMS Email

Source of Income * : Employment Business Rent Interest/Dividend Rent

Occupation /Others :

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PERMANENT ADDRESS

(English) *

Premises No. : Unit No. :

Address :

Postal Code :

(Sinhala)

Premises No. : Unit No. :

Address :

Postal Code :

(Tamil)

Premises No. : Unit No. :

Address :

Postal Code :

Province * : District * :

Divisional Secretariat* : Grama Niladhari Division * :

RESIDENTIAL ADDRESS

(English) *

Premises No. : Unit No. :

Address :

Postal Code :

(Sinhala)

Premises No. : Unit No. :

Address :

Postal Code :

(Tamil)

Premises No. : Unit No. :

Address :

Postal Code :

Province * : District * :

Divisional Secretariat* : Grama Niladhari Division * :

FOREIGN ADDRESS

Address (English) :

Country :

CONTACT DETAILS *

Please fill in at least 1 contact

Mobile : Office :

Home : Email :

BANK INFORMATION

Bank Name :

Account Number :

FAMILY INFORMATION

Civil Status : Single Married

SPOUSE INFORMATION

If marital status is married, please fill in spouse and child information.

Full Name of Spouse :

NIC of Spouse :

TIN of Spouse (if any) :

CHILD INFORMATION:

No	Name	NIC (if Any)	Date of Birth	Gender

INDIVIDUAL BUSINESS

If you have more than one proprietorships please fill in Appendix A

Name of Business * :

Registration No. * :

Principal Activity of Business * :

Date of Commencement * : DD/MM/YYYY

BOI Registered * : Yes No

BOI Start Date : DD/MM/YYYY

BOI Expiry Date : DD/MM/YYYY

Is it your Primary Business * : Yes No

ADDRESS *

(English)

Premises No. : Unit No. :

Address :

 Postal Code :

if you wish to register tax type, please also fill in **APPLICATION FOR TAX TYPE REGISTRATION**

If application is submitted by an authorized person, please specify the name of the authorized person

Name :

National Identity Card / Passport No. :

Designation :

AUTHORIZATION *

I do hereby certify that the particulars furnished by me in this application are true and correct.

Name :

Designation :

National Identity Card / Passport No. :

Signature :

Date : DD/MM/YYYY

Note: This form to be submitted along with supporting documents (If any) to the Help Desk at the nearest IRD branch.