

SECTION B

14. GCT Taxable Activities:

Primary:

Secondary:

Code
| | | | |Code
| | | | |

15. If you have more than one place of business, state the number of GCT certificates required in box 15 and attach a list detailing the name and address of each

SECTION C

16. I declare that the information given in this form is to the best of my knowledge and belief a true and correct statement.

Name _____

Signature _____

Title _____

Date _____

*(State whether Proprietor, Partner, Director, Manager, Secretary, Office-holder in Club, Association, etc.)***FOR OFFICIAL USE ONLY**

| Documentation Process | Date | Initial | Type | Remarks: |
|-----------------------------|------------|--------------------------------|---|----------|
| Received | | | <input type="checkbox"/> GCT <input type="checkbox"/> SCT Receiving Office: ▶ Date: ▶ Agency Code: ▶ (Official Stamp) | |
| Checked and Coded | | | | |
| Further Info. Requested | | | | |
| Approved/Ref used | | | | |
| Entered | | | | |
| | GCT | SCT | | |
| Registration Status/ Reason | | | | |
| Period Length | | | | |
| Basis Code | | | | |
| Effective Date | | | | |
| Processing Officer's Name | | Processing Officer's Signature | | |

INSTRUCTIONS

PLEASE TYPE OR PRINT THE REQUIRED INFORMATION. DO NOT USE A PENCIL. USE BLUE OR BLACK INK PEN ONLY. ALL DOLLAR VALUE AMOUNTS SHOULD BE ROUNDED TO THE NEAREST WHOLE NUMBER. ALL SECTIONS MUST BE COMPLETED. TICK (✓) APPROPRIATE BOX WHERE REQUIRED.

SECTION A

"Tick appropriate box" - (To be completed by All applicants)

Indicate the type of application and if application is the first or amended/changed. If application is amended/changed, complete ONLY boxes for which information is being corrected.

BOXES 1 AND 2 - BUSINESS NAME AND TRADE NAMESole Proprietors : enter your first, middle and last name in Box 1 and trade name in Box 2.Partnerships : enter the legal name of the partnership as it appears in the agreement in Box 1 and trade name in Box 2.Companies / Corporations : enter the company's/ corporation's name as shown in the company's/ corporation's charter.Trust : enter the name of the trust in Box 1 and the first, middle, and last name of the grantor in Box 2.**BOX 4 - BUSINESS ADDRESS**

Enter the address where the taxable activity is being carried on.

BOX 7 - GROSS INCOME/ SALES

Enter gross sales/ income for the month in which you are applying for registration plus the immediate eleven previous months. For new businesses, enter projected/ expected gross monthly/ annual sales.

SECTION B**BOX 14 - GCT Taxable activities:**

Primary: Enter description of MAIN business activity carried on.

Secondary : Enter description of any other business activity carried on.

PLEASE RETURN COMPLETED FORM TO THE TAXPAYER AUDIT AND ASSESSMENT DEPARTMENT OR ANY COLLECTORATE (TAX OFFICE)