



**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 ▶  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				
	<b>GCT</b>	<b>SCT</b>		
Registration Status/ Reason				
Period Length				
Basis Code				
<b>Effective Date</b>				
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 NAME**

Sole 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 NEAREST COLLECTORATE (TAX OFFICE)**