

FORM TIN1



PAPUA NEW GUINEA INTERNAL REVENUE COMMISSION

PNGIRC - Your Partner in Nation Building

IRC OFFICE USE ONLY

**TIN APPLICATION -
NON-INDIVIDUAL**

Taxpayer Identification Number (TIN):

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INCOME TAX ACT 1959 AS AMENDED

TAXPAYER IDENTIFICATION NUMBER (TIN) REGISTRATION - NON-INDIVIDUAL

REASON FOR COMPLETING THIS FORM

NOTE: A Taxpayer Guide is available to help you with the completion of this form.

Ask your local IRC office for a copy of the guide or download it from the IRC web site: www.irc.gov.pg

Please complete all boxes in the form. **BOXES IN YELLOW ARE COMPULSORY.** Incomplete forms will not be processed

<input type="checkbox"/> Register an enterprise as a taxpayer	<input type="checkbox"/> Change contact or other registration details for an enterprise
<input type="checkbox"/> Close an enterprise taxpayer file (e.g. winding up)	<input type="checkbox"/> Request a re-print of TIN certificate

If modifying an existing registration, please state the type of modification here (e.g. change of ownership), and update the appropriate section(s) of the form below.

ENTERPRISE INFORMATION

MAIN ENTERPRISE:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Note: If you only have one enterprise, tick Yes. If your enterprise is a subsidiary of a larger group, tick No)
REGISTERED NAME:	NB: If multiple trading names are used, provide the main trading name.
TRADING NAME:	
BUSINESS REG DATE: (DAY - MONTH - YEAR)	(Date entity was registered with the Investment Promotion Authority - I.P.A.)
BUSINESS ACTIVITY START DATE:	(Date business operations commenced) (DAY - MONTH - YEAR)
CLOSE DATE: (IF APPLICABLE)	(If ceasing business operations)

CONTACT INFORMATION

MAIN CONTACT NAME: (the person responsible for tax affairs)	NB: This is NOT the Tax Agent (see next page).
MAIN CONTACT TITLE:	<input type="checkbox"/> Public Officer <input type="checkbox"/> Director <input type="checkbox"/> General Manager <input type="checkbox"/> Trustee <input type="checkbox"/> Partner

NOTE: The main contact MUST be one of the above. Other contact details, including tax agent, may be provided below. Proof of identity is compulsory.

MAIN CONTACT E-MAIL ADDRESS:	
PHONE NUMBER 1:	
PHONE NUMBER 2:	FAX NUMBER:

SECOND CONTACT NAME:	
E-MAIL ADDRESS:	
CONTACT TITLE:	<input type="checkbox"/> Accountant <input type="checkbox"/> Administrative Manager <input type="checkbox"/> C.E.O. <input type="checkbox"/> C.F.O. <input type="checkbox"/> Financial Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Lawyer <input type="checkbox"/> Manager <input type="checkbox"/> Managing Director <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Principal Partner <input type="checkbox"/> Other (specify):

PHONE NUMBER 1:	
PHONE NUMBER 2:	FAX NUMBER:

TAX AGENT DETAILS (if applicable)

If you do not use a tax agent, leave this section blank. If you use different tax agents for different tax types, please attach a separate sheet with details.

TAX AGENT:	TAX AGENT NUMBER:
TAX AGENT CONTACT NAME:	
E-MAIL ADDRESS:	
PHONE NUMBER:	
USE THIS AGENT FOR:	<input type="checkbox"/> Income Tax <input type="checkbox"/> G.S.T. <input type="checkbox"/> Salary or Wages Tax <input type="checkbox"/> Other:

ENTERPRISE IDENTIFICATION DETAILS					
COMPANY EXTRACT NUMBER:		(This number is provided by the IPA)			
ISSUANCE DATE: - -			EXPIRATION DATE: - -		
PLACE OF ISSUANCE:		ISSUING AUTHORITY:			
NUMBER OF CERTIFICATE OF REGISTRATION OF BUSINESS NAME: (For example Certificate of Incorporation)					
ISSUANCE DATE: - -			EXPIRATION DATE: - -		
PLACE OF ISSUANCE:		ISSUING AUTHORITY:			
HEAD OFFICE DETAILS					
HEAD OFFICE ADDRESS	SECTION No:		LOT No:		
	STREET / SUBURB / DISTRICT:				
	PO BOX:				
	COUNTRY:		PROVINCE / STATE:		
	CITY / POST OFFICE:				
	CARE OF (C/-):				
HEAD OFFICE CONTACT NAME:					
E-MAIL ADDRESS:					
CONTACT TITLE: <input type="checkbox"/> Accountant <input type="checkbox"/> Administrative Manager <input type="checkbox"/> C.E.O. <input type="checkbox"/> C.F.O. <input type="checkbox"/> Financial Officer <input type="checkbox"/> General Manager <input type="checkbox"/> Lawyer <input type="checkbox"/> Manager <input type="checkbox"/> Managing Director <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Principal Partner <input type="checkbox"/> Other (specify):					
PHONE NUMBER 1:					
PHONE NUMBER 2:		FAX NUMBER:			
ENTERPRISE ACTIVITIES					
MAIN ACTIVITY:					
OTHER ACTIVITY: <small>(if applicable)</small>					
OTHER ACTIVITY: <small>(if applicable)</small>					
NUMBER OF EMPLOYEES:		<small>Note: If your enterprise hires seasonal or casual employees, write the maximum number of employees you expect to hire in a year</small>			
INVESTMENT LICENCES (Only applies to extractive industries)					
INVESTMENT LICENCE NUMBER:					
TRADE TYPE: <input type="checkbox"/> Gas License <input type="checkbox"/> Mining License - Non-Precious Metals <input type="checkbox"/> Mining License - Precious Metals <input type="checkbox"/> Oil License					
START DATE: - -			END DATE: - -		
<small>If other investment licences are held, please provide the details on a separate sheet and attach it to this form.</small>					
ENTERPRISE TYPE					
<input type="checkbox"/> Association (including Clubs)		<input type="checkbox"/> Foreign Aid Organisation / NGO		<input type="checkbox"/> Savings & Loan Society	
<input type="checkbox"/> Authorised Superannuation Fund		<input type="checkbox"/> Foreign Govt Body (incl. Embassy)		<input type="checkbox"/> Trust	
<input type="checkbox"/> Business Group		<input type="checkbox"/> Government Department (including Public Authority)			
<input type="checkbox"/> Church / Religious Organisation		<input type="checkbox"/> Incorporated Land Group		<input type="checkbox"/> Unit Trust	
<input type="checkbox"/> Company		<input type="checkbox"/> Joint Venture			
<input type="checkbox"/> Co-operative Society		<input type="checkbox"/> Partnership			
BANK INFORMATION (PROVIDE THE DETAILS OF YOUR ORGANISATION'S BANK ACCOUNT(S) BELOW)					
ACCOUNT No.:		BANK:		BRANCH:	
ADDRESS:		CITY / POST OFFICE:		PROVINCE:	

NOTES

- 1) Attach Articles of Incorporation / Association and any other official documents (e.g. Trust Deed or Partnership Agreement) required to establish the bona fides of the organisation, as appropriate for the entity type selected.
- 2) Each director and public officer must also complete a TIN2 form - and provide appropriate proof of identification. These documents must be attached to this form in order for your TIN to be issued. The TIN2 form is available from the IRC web site: www.irc.gov.pg
- 3) As part of the standard IRC registration process, tax accounts will be created for Salary & Wages Tax and Goods and Services Tax for all enterprises applying for a TIN. If your operation is such that registration for these two tax types is not appropriate, please complete a separate TIN1 form and tick the box for "Modify Registration Details" and specify the tax account that you would like modified. Attach appropriate supporting documentation.
- 4) Each subsidiary of a corporate group must register and obtain its own TIN.

DETAILS OF RESIDENT SHAREHOLDERS / PARTNERS / TRUSTEES

(If applicable. Note publicly-traded Companies do not complete this section, simply write "Public Company"):

	SURNAME / <small>(IF AN INDIVIDUAL)</small> MAIN TRADING NAME <small>(IF A COMPANY, TRUST, ETC.)</small>	GIVEN NAMES / <small>(IF AN INDIVIDUAL)</small> REGISTERED NAME <small>(IF A COMPANY, TRUST, ETC.)</small>	NUMBER OF SHARES	% OWNER- SHIP <small>(or interest)</small>	TAX IDENTIFICATION NUMBER (TIN) <small>(Shareholder Companies and Trusts Only)</small>
1					
2					
3					
4					
TOTALS:					

DETAILS OF DIRECTORS

	SURNAME	GIVEN NAMES	TAX IDENTIFICATION NUMBER (TIN)
1			
2			
3			
4			

NOTE: All resident directors must apply for a TIN and present identification to the IRC. If additional lines are required to list all shareholders and directors, provide the data on a separate sheet and attach it to this form.

SIGNATURE OF AUTHORISED PERSON

(the person submitting this form to the IRC must be authorised to do so by the organisation and must be one of the following: the Public Officer, Director, General Manager, Trustee, or Partner). NB: Tax Agents or other parties may not sign on behalf of the authorised person. The authorised person must be a citizen of PNG.

I declare that the information that I have provided is true and correct in every detail and discloses a full and complete statement of the facts. I understand that the law imposes heavy penalties for false and misleading statements.

SIGNED: _____ DATE: _____

NAME: _____

AUTHORISED PERSON'S IDENTIFICATION (PROVIDE AT LEAST ONE OF THE FOLLOWING:)

PASSPORT NUMBER:		ISSUANCE DATE:	
EXPIRATION DATE:		PLACE OF ISSUANCE:	
NATIONALITY:		ISSUING AUTHORITY:	
NATIONAL ID CARD No.:		ISSUANCE DATE:	_____ - _____ - _____
EXPIRATION DATE:	_____ - _____ - _____	PLACE OF ISSUANCE:	
DRIVER'S LICENCE No.:		EXPIRATION DATE:	
PLACE OF ISSUANCE:		ISSUING AUTHORITY:	
BIRTH CERTIFICATE No.:		ISSUANCE DATE:	
PLACE OF ISSUANCE:		ISSUING AUTHORITY:	
OTHER DOC No.:		OTHER DOC No.:	

HOURS FOR PAYMENT: 8:30 A.M. TO 3:00 P.M. MONDAY TO FRIDAY.

CHEQUES SHOULD BE MADE PAYABLE TO 'COMMISSIONER GENERAL INTERNAL REVENUE' AND MARKED 'NOT NEGOTIABLE'.

PAYMENTS MAY BE MADE ELECTRONICALLY THROUGH YOUR BANK WITHOUT NEEDING TO VISIT AN IRC OFFICE. FOR DETAILS SEE www.irc.gov.pg
PAYMENTS MAY ALSO BE MADE VIA EFTPOS. TAX FORMS AND GUIDES ARE AVAILABLE FOR DOWNLOAD FROM THE IRC WEB SITE www.irc.gov.pg



MOST PEOPLE PAY THEIR TAXES ON TIME

