

OYO STATE BOARD OF INTERNAL REVENUE



REGISTRATION FORM

(COMPANIES, ENTERPRISES AND NON-GOVERNMENTAL ORGANISATIONS)

1. NAME AND SECTOR

Name of Institution:.....RC Number:.....

Industry Sector:.....

2. OFFICE LOCATION & CONTACT

Head Office:

House Number:

Street Name:

Town: Local Government:

State: Country.....

Postal Address:

Website: e-mail:.....

Telephone Number(s):.....

Akwa Ibom Main Office:

House Number:

Street Name:

Town: Local Government:

Postal Address:

Telephone Number(s):.....

e-mail:.....

3. STAFF STRENGTH

Number of Nigerian Staff:.....

Number of Non-Nigerian Staff:.....

Number of Contract Staff:.....

4. DIRECTORS/PROPRIETORS

1:..... 4:.....

2:..... 5:.....

3:..... 6:.....

5. CONTACT PERSON FOR TAX ISSUES

Name of Contact Person:

Contact's Designation:

Contact's Telephone Number(s):

e-mail:

6. PARTICULARS OF THE PERSON COMPLETING THIS FORM

Name:Designation:

Telephone Number(s): Date: