

# OGUN STATE INTERNAL REVENUE SERVICE



## 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: .....