

OGUN STATE INTERNAL REVENUE SERVICE



REGISTRATION FORM

(Individuals Only)

1. Title:.....
2. Surname:
3. Other Names:
4. House Number:
5. Street Name:
6. Name of Area:
7. Town:
8. Local Govt:
9. State:
10. Country:
11. Telephone:
12. Email:
13. Postal Address:
14. Employment Status: In Employment Self Employed
15. If in Employment:
 - a. Employer's Name:
 - b. Employer's Business:
16. If Self Employed:
 - a. Business Name:
 - b. Nature of business:
 - c. Address of Business:

Office Use Only

Payer Id:

Password: