



OGUN STATE GOVERNMENT



OGUN STATE INTERNAL REVENUE SERVICE

REGISTRATION FORM

FORM HCL 1

HOTEL OCCUPANCY AND RESTAURANT CONSUMPTION LAW

PART A: TO BE COMPLETED BY OWNER/MANAGER OF BUSINESS

1. Business Contact Details

- (a) Name of Business:
- (b) Address:.....
.....
- (c) Tel Nos:
- (D) Mobile No:
- (e) E-mail address:
- (F) Website:

2. Incorporation/Registration Number:.....

- (a) Date of Incorporation/Registration:.....
- (b) Date of commencement of business:.....

3. Nature of Business: (tick as appropriate):

HOTEL	RESTAURANT	EVENT CENTRE	OTHERS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Number of Offices/Outlets:

4. Ownership

- (a) Name:
- (b) Address:
- (c) Tel. Nos:(d) Mobile Nos:
- (e) E-mail Address:



Contact Details (Managing Director)

- (a) Name:
- (b) Address:
- (c) Tel. Nos: (d) Mobile Nos:
- (e) E-mail Address:

Contact Details (General Manager)

- (a) Name :
- (b) Address:
- (c) Tel. Nos: (d) Mobile Nos:
- (e) E-mail Address:

***Contact Details (Financial Controller)**

- (A) Name:
- (b) Address:
- (C) Tel. Nos: (d) Mobile Nos:
- (e) E-mail Address:

*** Contact Details (Accountant/Other)**

- (a) Name:
- (b) Address:
- (c) Tel. Nos..... (d) Mobile Nos:.....
- (e) E-mail Address:.....

6 .ANNUAL SALES TURNOVER (LAST THREE YEARS)

YEAR..... YEAR..... YEAR.....
=N=..... =N=..... =N=.....

*Please note: section 13 (2) states that: "Any Director, Manager, Officer ,Agent or Employee of the Collecting Agent who fails to comply with the provisions of this Law, shall be guilty of an offence and liable to conviction to a penalty of six (6) months imprisonment or a fine of Two Million Naira (N2,000,000.00) or both".



CERTIFICATION

PART B:

..... hereby certify that the information given above is correct in all respects and confirm that to the best of my knowledge, there are no other facts, the omission of which would be misleading

.....
Authorised Signatory and Stamp of Business

.....
Authorised Signatory and Stamp of Business

.....
Full Name and Designation of Signatory

.....
Full Name and Designation of Signatory

.....
DATE

.....
DATE

DOCUMENTS REQUIRED TO SUPPORT REGISTRATION OF BUSINESSES AS COLLECTING AGENTS

1. Copy of Certificate of Incorporation/Business Registration Certificate

*Completed form should be returned to the office of the Executive Chairman,
Ogun State Internal Revenue Service (OGIRS) at the address below.

Name

Address

Tel. Nos

mail Address



Chief Executive Officer (Managing Director)

(a) Name

(b) Address

CERTIFICATION

PART B

I hereby certify that the information given above is correct in all respects and

confirm that to the best of my knowledge, there are no other facts, the omission of which would be misleading

Authorized Signatory and Stamp of Business

Authorized Signatory and Stamp of Business

(c) Signature

Full Name and Designation of Signatory

Full Name and Designation of Signatory

(d) DATE

DATE

(e) Contact Details

(f) (g) (h)

(i) (j) (k)

DOCUMENTS REQUIRED TO SUPPORT REGISTRATION OF BUSINESSES AS COLLECTING AGENTS

1. Copy of Certificate of Incorporation/Business Registration Certificate

(l) Contact Details

(m) (n) (o)

(p) (q) (r)



Ogun State Internal Revenue Service

All correspondence to The Office of the Chairman

Headquarters Complex, Oke Mosan, Abeokuta, P.M.B. 2026, Abeokuta

www.ogunstaterevenue.com www.oguntax.com HOTLINE: 0806 024 0778, 0807 058 0651 0807 058 5410-14

Ogun State Tax Payers are Partners in Progress

This section (2) states that any person who is guilty of an offence under this Law shall be liable to a fine of not less than Two Hundred Naira (N2,000.00) or to imprisonment for a term of not less than six months or to both such fine and imprisonment.