



APPLICATION FORM FOR TAXPAYER REGISTRATION

(For Individuals)

*All fields marked with * are Mandatory*

Please fill up the form using BLOCK LETTERS

SECTION A (For Sri Lanka Citizens)

National Identity Card Number (NIC) * :

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SECTION B (For Foreigner)

Passport No. * :

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Date Expiry of Passport * :

D	D	/	M	M	/	Y	Y	Y	Y
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Date of Arrival to Sri Lanka * :

D	D	/	M	M	/	Y	Y	Y	Y
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Country of Issuance of Passport * :

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SECTION C

Salutation * : Rev. Prof. Dr. Mr. Ms.

Name with Initials (English)* :

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(Sinhala/
Tamil) :

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Full Name of Applicant (English) * :

(Sinhala/Tamil) :

Date of Birth * :

D	D	/	M	M	/	Y	Y	Y	Y
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Country of Birth* :

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Gender * : Male Female Nationality * :

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Preferred Language * : Sinhala Tamil English

IRD will use this preferred language to send letters, notices, forms and returns

Source of Income* : Business Employment Investment Others

If others, please specify :

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Profession * :

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Resident status* : Resident Non -Resident

Citizenship* : Citizen Non-Citizen

Dual Citizenship* : Yes No Dual Citizenship country

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Website URL :

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Preferred Mode of Communication* : SMS Email

PERMANENT ADDRESS

(English) *

Premises No. : Unit No. :

Address :

Postal Code :

(Sinhala/Tamil)

Premises No. : Unit No. :

Address :

Postal Code :

Province * : District * :

Divisional Secretariat* : Grama Niladhari Division * :

RESIDENTIAL ADDRESS

(English) *

Premises No. : Unit No. :

Address :

Postal Code :

(Sinhala/Tamil)

Premises No. : Unit No. :

Address :

Postal Code :

FOREIGN ADDRESS

Address (English) :

Country :

CONTACT DETAILS *

Please provide at least one contact number and the email address.

Mobile : Office :

Home : Email* :

BANK INFORMATION

Bank Name :

Account Number :

FAMILY INFORMATION

Civil Status* : Single Married *(Fill in spouse and children’s information if applicable)*

Name of spouse :

NIC of spouse :

TIN of spouse :

CHILDREN’S INFORMATION

Name	NIC (if any)	Date of Birth	Gender

INDIVIDUAL BUSINESS *(Fill in if you have a proprietorship. If you have more than one proprietorship, please fill in Appendix A)*

Name of Business * :

Registration No. * :

Principal Activity of Business * :

Date of Commencement * : / /

BOI Registered * : Yes No

BOI Start Date : / /

BOI Expiry Date : / /

Is it your Primary Business * : Yes No

ADDRESS *(English)* *

Premises No. : Unit No. :

Address :

Postal Code :

If application is submitted by an authorized person, please specify the name of the authorized person

Name :

National Identity Card / Passport No. :

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Designation :

AUTHORIZATION *

I do hereby certify that the particulars furnished by me in this application are true and correct.

Name* :

Designation :

National Identity Card / Passport No. * :

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Signature* :

Date* :

D	D	/	M	M	/	Y	Y	Y	Y
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*Note: This form is to be submitted along with supporting documents to the **Primary Registration Unit** at the IRD head office or any of the **Metro Branches** or **Regional Offices**. If you are **liable for Income Tax** or any other tax types, please fill in **APPLICATION FOR TAX TYPE REGISTRATION (TPR_005_E)***